COMMITTEE ON MEDICAL EDUCATION

Interim Report. See p. 286

SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL

LONDON: SATURDAY, JUNE 24th, 1933

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SUPPLEMENTARY REPORT OF COUNCIL, 1932-3. *(For Contents see below.)*

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SPECIAL NOTICE TO MEMBERS

Every Member is requested to preserve this "Supplement," which contains matters specially referred to Divisions, until the subjects have been discussed by the Division to which he or she belongs.

MATTERS REFERRED TO DIVISIONS

British Medical Association

SUPPLEMENTARY REPORT OF COUNCIL, 1932-3

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PRELIMINARY

HONOURS

136. The Council has pleasure in announcing the following additional list of members upon whom honours have recently been conferred by H.M. the King:

K.C.B.

Surg. Vice-Admiral Reginald St. George Smallridge Bond, C.B., K.H.P., R.N., London.

K.C.V.O.

Thomas Peel Dunhill, C.M.G., London.
Morton Smart, D.S.O., London.

Knight Bachelor

Hugh Thomas Dyke Acland, C.M.G., C.B.E., Christchurch, New Zealand.
Raymond Henry Payne Crawfurd, London.
Kedar Nath Das, C.I.E., Calcutta.
W. Stewart Duke-Elder, London.
Robert McCarrison, C.I.E., K.H.P., Colonel I.M.S., Coonoor.

OBITUARY

137. The following is a supplementary list of Members whose deaths the Association has to deplore:

Dr. THOMAS CUMING ASKIN. Member of Insurance Acts Committee; Representative, South Suffolk Division.

Surg. General PERCY HUGH BENSON. Member of Council and Dominions Committee; Chairman and Representative, Jersey Division; Vice-President, Section of Naval and Military Medicine, 1914.

Dr. ARTHUR BRYANS. Chairman, Cleveland Division.

Dr. DAVID SAMUEL DAVIES. Vice-President, Section of Public Medicine, 1894.

Sir WALTER MORLEY FLETCHER. Member of Conference on Medical Patents.

Dr. HERBERT BOWLY GIBBINS. Secretary, Section of Public Health, 1931.

Dr. HERBERT STRANGE HALL. Representative, Leigh Division.

Dr. GEORGE WM. CECIL HODGES. President, Shropshire and Mid-Wales Branch.

Dr. ALEXANDER JOHN KENNEDY. Chairman, Huddersfield Division.

Dr. RICHARD MCCULLOCH. Treasurer, Belfast Division.

Prof. JAMES THOMAS JACKMAN MORRISON. Member of Council; Representative, Birmingham Central Division; Vice-President, Section of Medical Sociology, 1910; Vice-President, Section of Surgery, 1911.

Prof. DAVID SHANNON. Secretary, Section of Gynaecology and Obstetrics, 1912.

Prof. PRIESTLEY SMITH. Vice-President, 1887, President, 1892, Section of Ophthalmology.

Dr. ROBERT WM. INNES SMITH. Vice-President, Section of History of Medicine, 1927.

Dr. WILSON TYSON. President, Suffolk Branch; Secretary, North Suffolk Division.

SIR ARTHUR WHITELEGGE. President, Section of Industrial Hygiene and Diseases of Occupation, 1902.

Dr. Wm. Percival Allen, Dr. John Albert Benson, Dr. Thomas Irvine Bonner, Dr. David Forbes Borrie, Dr. Sidney Gordon Brown, Dr. James A. Campbell, Dr. Andrew Hood Clark, Dr. Norman Ethelbert Cook, Dr. John Craig, Dr. John Francis Cramp, Dr. Geoffrey Wright Dando, Dr. Wm. Henry Evans, Dr. Herbert Victor Ferdinand Franz Exner, Dr. Dinshah Mancherji Gagrat, Dr. Mildred May George, Dr. Giles Forward Goldsborough, Dr. John Samuel Griffiths, Dr. Wm. George Hazelton, Dr. Phadlallah Elias Howie, Dr. Percy Theodore Hughes, Dr. James Kyd Duncan Ingram, Dr. Gerald George Kelly, Dr. Camille Lebon, Dr. John Rhodes Liddell, Dr. Rickard Wm. Lloyd, Dr. Stanley Arthur Lucas, Dr. Arthur Francis Lynch, Lt.-Col. Wm. John McCoy, Dr. James Wallace McHenry, Dr. John Frederick Cooke O'Meara, Dr. Allan Isaac Petyt, Dr. Thomas Pierse, Dr. James John Powell, Dr. Hilda Mabel Rennie, Dr. Graham Robertson, Mr. Robert Hamilton Russell, Dr. Ernest Oliver Scallon, Dr. Levi Prinski Scott, Dr. Alfred Hynam Sevier, Dr. Wm. Bradridge Studdy, Dr. Wm. Ardendt Hagestadt Waite, Dr. Arthur Cobden Jordan Wilson.

GIFT TO THE ASSOCIATION

138. The Council has great pleasure in reporting the gift to the Association by Dr. C. T. Helsham of Beccles of some seventy autographs of deceased medical men. A selection of these is being placed in the Association's official collection.

FLAGS IN THE GREAT HALL

139. The late Mr. Russell Coombe, in addition to leaving a legacy of £500 to the Association's Charities Fund, directed his executors to hand over to the South-Western Branch of the Association such sum as might be regarded as necessary to provide a flag for the Great Hall of the Association to commemorate the meetings of the Association held in Exeter in 1842 and 1907.

SCIENCE

MEDICAL EDUCATION

(Continuation of para. 63 of Annual Report.)

140. The special Committee on Medical Education, the appointment of which was announced in para. 63 of the Annual Report, has completed its interim report, which is now submitted for the consideration of the Representative Body (see Appendix V). In considering its reference the committee has had before it numerous memoranda dealing with the different aspects of medical education. It has also given special attention to the preregistration education of the medical student, and in this connexion has had the advantage of discussion with representatives of the various associations of the teaching profession—the Incorporated Association of Head Masters, the Association of Head Mistresses, the Science Masters' Association, and the Association of Women Science Teachers.

MEDICAL ETHICS

(Continuation of paras. 64–7 of Annual Report of Council.)

DICHOTOMY

141. Recently dichotomy has been made the subject of discussion in the columns of the medical press, and the Council is of opinion that the Representative Body should express a definite opinion as to the attitude of the profession towards this practice.

The Council recommends:

Recommendation: That in the opinion of the Representative Body the practice of fee-splitting, commonly called dichotomy, an arrangement between two practitioners whereby, unknown to the patient, one practitioner receives part of the fee due to the other practitioner, is highly detrimental to the honour of the medical profession.

MEDICO-POLITICAL

(Continuation of paras. 68–83 of Annual Report.)

REPRESENTATION OF MEDICAL PROFESSION ON LOCAL AUTHORITIES

(Continuation of para. 82 of Annual Report.)

142. There is now before Parliament a Local Government Bill, the object of which is to implement the recommendations of the Departmental Committee on the Consolidation of Local Government Enactments.

The following two sections of the Bill particularly affect members of the medical profession:

59.—(1) Subject to the provisions of this section, a person shall be disqualified for being elected or being a member of a local authority if he

(*a*) holds any paid office or other place of profit (other than that of mayor, chairman, or sheriff) in the gift or disposal of the local authority.

76.—(1) If a member of a local authority has any pecuniary interest, direct or indirect, in any contract or proposed contract or other matter, and is present at a meeting of the local authority at which the contract or other matter is the subject of consideration, he shall at the meeting, as soon as practicable after the commencement thereof, disclose the fact, and shall not take part in the consideration or discussion of, or vote on any question with respect to, the contract or other matter.

In the definition clause also there is a definition of the term "office" to the importance of which the Council has drawn the attention of the Ministry of Health. An assurance has been secured that this definition shall be so placed or worded that it shall not apply to Section 59.

The provision of Section 59 (1) above would apply to practitioners appointed as district medical officers and to other practitioners engaged in medical work on a sessional basis for and on behalf of local authorities where the appointees can be said to hold a "paid office or other place of profit in the gift or disposal of a local authority."

The position of public vaccinators is different, and would appear to be unaffected by this Bill, since practitioners acting in this capacity have been held in legal decisions to be persons in contractual relationship with the local authorities concerned and not holding an office in the gift or disposal of the local authority.

The Council considers that practitioners conducting medical duties on behalf of local authorities, and falling within one or other of the following categories of employment, should be engaged in contractual relationship with the local authorities concerned. They would then not be disqualified for election to membership of a local authority by reason of the terms of Section 59 (1):

(*a*) public assistance district medical officers;

(*b*) those medical practitioners engaged in medical work on a sessional basis and paid per session attended, or by annual salary;

(*c*) those medical practitioners who take part in a local authority service which is open to the whole body of the profession in the area.

The position of these practitioners would therefore be governed by Section 76 (1) of the Bill as opposed to Section 59 (1).

The situation is one which will merit careful consideration by the local units of the Association if and when the Bill is placed upon the Statute Book, in order that the conditions of employment of medical practitioners by the local authority may be held in the appropriate form.

MEDICAL PRACTITIONERS AND ROAD ACCIDENTS

(Continuation of para. 69 of Annual Report.)

143. The Chairman of the Medico-Political Committee gave evidence before the Select Committee of the House of Lords which is considering Lord Danesfort's Road Traffic (Compensation for Accidents) Bill. The chairman of the committee in his evidence indicated the extent of the problem by drawing attention to the increase in the number of road accidents from 56,438 in 1920 to 184,006 in 1932. Emphasis was laid on the fact that the medical profession was being required to shoulder on behalf of the motoring section of the community a burden which necessarily arose in providing emergency medical treatment in road accident cases. It was pointed out that the time had come for the State to devise some means whereby the medical profession could obtain fair remuneration for services rendered.

Lord Moynihan has now introduced into the House of Lords a Bill the object of which is to make provision for payment of remuneration to registered medical practitioners and hospitals for treatment rendered to persons injured through the use of motor vehicles on roads. The text of the Bill is as follows:

Interpretation

1. In this Act "hospital" means an institution which provides medical aid or surgical treatment for out-patients; "emergency treatment" means such medical or surgical treatment as may properly be rendered by a competent medical practitioner who first deals with the case in respect of bodily injuries which require immediate attention and includes such examination as may properly be made by such practitioner to ascertain the extent of the injuries.

Remuneration for Rendering Emergency Treatment

(2) (i) Subject to the provisions of this Act, a registered medical practitioner or hospital by whom, or in the out-patient department of which, emergency treatment is first rendered to any person in respect of bodily injury caused by or arising out of the use of a motor vehicle on a road shall be entitled to recover reasonable remuneration not exceeding the sum of three guineas therefor from the owner of the said motor vehicle or his personal representative in the same manner as if the treatment had been so rendered at the express request of the said owner.

(ii) In cases where the emergency treatment is so rendered by a registered medical practitioner, he shall in addition to the aforesaid remuneration be entitled to recover the sum of sixpence for every mile beyond the two miles necessarily travelled (to and fro) by him in complying with the call to render such treatment and shall be entitled thereto notwithstanding the fact that the person injured may have died before the registered medical practitioner shall have been able to render him any treatment.

Cases in which more than one Motor Vehicle are Concerned

3. In any case in which the injuries are caused by or arise out of the use of more than one motor vehicle on a road, the remuneration shall be recoverable as provided by this Act from the owner of any one of the motor vehicles concerned; provided that where the person injured was in or on a motor vehicle the owner of the motor vehicle in or on which the injured person was shall alone be liable to pay the said remuneration.

Application for Remuneration

4. Within seventy-two hours after the emergency treatment has been rendered application for the remuneration therefor from the owner of the motor vehicle shall be made by sending such application in writing by post to the address of the said owner, together with a report in writing signed by the registered medical practitioner or by a member of the surgical or medical staff of the hospital by whom the emergency treatment was rendered and the circumstances in which it was rendered, and, unless the provisions of this section are complied with, no remuneration under this Act shall be recoverable from the owner of the motor vehicle or his personal representative.

VENEREAL DISEASE CLINICS OF LOCAL AUTHORITIES

144. Consideration has been given by the Council to the following paragraph of the Ministry of Health's circular letter No. 1311 of March 22nd, 1933, which arose out of a suggestion made by the Committee on Local Expenditure:

> "In paragraph 176 it is recommended that venereal disease clinics should, in addition to their present activities, have separate sessions at which charges are made, and that patients in scattered areas able to pay fees should be advised to obtain treatment from selected practitioners supplied with the necessary compounds by the local authority. The Minister thinks that experimental action on these lines might well be taken at certain clinics by the authorities concerned and the results reported and considered"

and the Council, believing that the suggestion of the Ministry is not in the best interests of the public health, has intimated to the Ministry of Health that the proposal to institute separate sessions for contributing patients is open to the following objections:

(*a*) If persons suffering from venereal disease or suspecting themselves to be so suffering, are to present themselves promptly and unhesitatingly for diagnosis and treatment, then the clinics at all sessions should be free, open to all, and conducted with the strictest secrecy. It is contrary to the public interest to place the slightest let or hindrance in the path of the person suffering from venereal disease. Any gain in local or national revenue would be offset—and probably more than offset—by a decline in the number of persons attending. It is admitted that a proportion of those attending the clinics can afford to pay, but, as venereal disease is regarded as a national scourge, it is in the interest of the community as well as the individual that immediate and efficient treatment should be given.

(*b*) The existence of two types of clinics might lead to the impression that there were two kinds of treatment—one for the rich and another for those who could not afford to pay. If this happened it might discourage poorer persons from attending the free clinics.

(*c*) If any attempt were made to investigate the income of patients, fear of investigation and fear of lack of secrecy would tend to discourage patients from attending. In the Venereal Disease Regulations, 1916, the officer in charge of the clinic is bound to secrecy.

(*d*) A person contributing towards treatment might be more unwilling, because of the expense, to attend in the later stages of treatment when signs and symptoms had disappeared. This tendency exists in the free clinics, and might well be aggravated in the paying clinics.

(*e*) Ample facilities for diagnosis and treatment of venereal disease by private practitioners who have made these conditions a subject of special study are available, and those desiring to pay for treatment should obtain it in this way. To set up clinics for paying patients would be seriously to encroach on the field of private practice.

PUBLIC HEALTH

VACCINATION

145. The present policy of the Association in regard to vaccination is set out in the following Minutes of the Representative Body:

> The Representative Meeting restates the policy of the British Medical Association, and the practically universal conviction of the medical profession, that vaccination, efficiently performed in early infancy, and repeated after such intervals as may be deemed necessary during after-life, is the only certain preventive of small-pox. Owing to the distribution of an enormous number of unvaccinated persons in every part of the kingdom, it recognizes the danger of a pandemic of this disease, and therefore urges the Government to take such measures—legislative, administrative, and preventive—as may be necessary to avert this peril from the community, and should it do so, assures it of the wholehearted support of the British Medical Association. (A.R.M., 1923, Min. 105.)
>
> In areas where cases of small-pox are known to exist, propaganda work in favour of vaccination should be carried out by the local authority; where this is not done, the local Division should endeavour to stimulate the authority to do the necessary propaganda work, or itself do what it can to supply the deficiency. (A.R.M., 1928, Min. 154.)
>
> Government lymph should be supplied to all medical practitioners during an epidemic who apply for it and are willing to render a report on the results. (A.R.M., 1923, Min. 106.)

A session for vaccination should be limited to two and a half hours; the fee for medical practitioners serving should be not less than £2 2s. per session; and for whole-time service in performing vaccination the fee should be not less than £12 12s. per week. (A.R.M., 1920, Min. 194.)

146. The Council believes that the disability placed upon the vaccination authorities by Section 10 of the Vaccination Act, 1867, in regard to making payments for vaccination not performed under contract should be removed, and that the authorities should be empowered to pay prescribed fees to any medical practitioners in respect of vaccinations performed by them.

The Council recommends:

Recommendation: That local authorities should be empowered to pay the prescribed fees to any medical practitioner in respect of vaccinations performed.

147. In view of the progressive diminution in the ratio of vaccinations to births as shown in the following extract from a review of certain aspects of small-pox prevention over the years 1905–28, issued by the Ministry of Health in 1931, the Council has examined the whole position as regards vaccination:

In 1905 the percentage of vaccinations to births was 75.8. The percentage rate diminished year by year until 1921, when the percentage of vaccinations to births was 28.3. In 1922 the percentage was 40.3, and in 1923 47.8. The percentage then diminished year by year until 1928, when it was 42.6.

The opinion has been expressed in some quarters that the diminution is partly due to the compulsory nature of the present system and that this might be replaced by a more satisfactory state of affairs if voluntary vaccination were introduced in place of the present system.

There is no doubt that the mild type of small-pox that has in recent years been characteristic of the disease in Great Britain has lessened the inducement to obtain the protection that vaccination undoubtedly affords. It has been shown also that vaccination is not entirely free from the danger of subsequent encephalitis.

Careful consideration of these facts and of the suggestion that voluntary vaccination, encouraged by the propaganda efforts of local authorities, might achieve a higher percentage of vaccination than compulsory vaccination now obtains has led the Council to submit the following recommendation:

Recommendation: That the British Medical Association, while reaffirming its belief in the efficacy of vaccination in conferring immunity against small-pox, is of opinion that the time has arrived when the question whether greater protection of the public against small-pox would be afforded by voluntary rather than by compulsory vaccination should be considered.

ASSOCIATION OF LOCAL GOVERNMENT MEDICAL OFFICERS AND THE BRITISH MEDICAL ASSOCIATION

148. In response to the following resolution passed by the Association of Local Government Medical Officers:

The Council of the Association of Local Government Medical Officers, medical officers engaged in public assistance and allied medical services, domiciliary hospitals, and clinics, have at a meeting on March 30th, 1933, agreed unanimously to seek from the British Medical Association their close co-operation in medico-political work, and further to ask for a definite proposition from the British Medical Association as to the best steps to be taken to carry such out without delay,

a Standing Subcommittee of the Public Health Committee will be appointed to deal with matters relating to Public Assistance Medical Officers.

HEALTH SERVICES UNDER THE LOCAL GOVERNMENT ACT, 1929

(Continuation of para. 97 of Annual Report.)

149. The following decisions of the A.R.M., 1932, have been considered by the Council:

Minute 50.—Resolved: That the Representative Body hereby expresses its appreciation of the analytical report (see para. 103 of Annual Report of Council) relating to the progress being demonstrated by the local authorities concerning the unification of health services under the Local Government Act, 1929, and that, in view of the regrettable indications of continued deferment or inaction on the part of various local authorities and the staffs of voluntary hospitals, the Council be instructed to conduct further inquiries during the coming year and report progress.

Minute 51.—Resolved: That the Representative Body notes with grave concern the failure of some authorities, local and central, to give proper effect to the intention, repeated in various Acts of Parliament, that they should co-operate with and make use of existing voluntary organizations when making provision for various medical services; and the Representative Body instructs the Council to consider the matter and report on it to the Annual Representative Meeting in 1933.

150. The appropriation of suitable institutions continues to be urged by the Ministry of Health upon local authorities. In general it may be said that the county borough councils were confronted with fewer adminstrative and other difficulties in this matter than the county councils, and it is not surprising that appropriation of institutions has been accomplished more speedily in the county boroughs than in the counties. In many county areas a full survey of available accommodation has not yet been completed. The following table summarizes the state of affairs on April 1st, 1933:

POOR LAW INSTITUTIONS APPROPRIATED
(England and Wales)

I. *Appropriations for Public Health Purposes (except where otherwise stated)*

Local Authority	Name of Institution	Date of Sanction to Appropriation
COUNTY BOROUGHS:		
Birkenhead ...	Tranmere Infirmary	15/1/32
Birmingham ...	Dudley Road Hospital Selly Oak Hospital Oaklands Convalescent Home Wassell Grove Convalescent Home Lordswood Nursery (Maternity and Child Welfare)	1/4/30
	Western House (part) (land)	10/11/31
	Selly Oak Infirmary	1/4/33
Bradford	St. Luke's Hospital (part)	1/4/30
Bristol	Southmead Hospital	1/4/30
Burnley	Primrose Bank Infirmary	17/10/31
Cardiff	Llandough Hospital	1/4/30
Coventry	Gulson Road Municipal Hospital	1/4/30
Croydon	Mayday Road Hospital	1/4/32
Derby	City Hospital	12/2/31
Halifax	St. Luke's Hospital	1/4/31
Leicester	City General Hospital	1/4/30
Liverpool	Alder Hey Hospital	1/4/32
	Mill Road Infirmary	1/6/32
Manchester ...	Crumpsall Hospital	1/4/30
	Withington Hospital	"
	Booth Hall Hospital	"
	Rose Hill Convalescent Home	"
	Langho Colony	"
Middlesbrough ...	Holgate Institution (parts of)	1/4/30
	" " (further part)	4/7/32
Newcastle-on-Tyne	Municipal Hospital	1/4/30
	Highfield House (Maternity and Child Welfare)	"
Oldham	Boundary Park Municipal Hospital	1/4/30
Plymouth	City Hospital	1/4/30
Portsmouth ...	St. Mary's Hospital	8/2/33
Preston	Sharoe Green Hospital, Fulwood	26/10/31
Reading	Battle Hospital	8/4/30
Rochdale	Birth Hill Hospital	1/4/30
Sheffield	Nether Edge Hospital	1/4/30
	City General Hospital	"
Southampton ...	Borough Hospital, Shirley Warren	1/4/30

TABLE I (*continued*)

Local Authority	Name of Institution	Date of Sanction to Appropriation
Southend-on-Sea	Rochford Municipal Hospital (Public Health and Maternity and Child Welfare)	1/4/30
	Do. (further part)	1/4/31
Southport	Fleetwood Hospital	12/2/32
Sunderland ...	Municipal Hospital	1/4/31
Warrington ...	Borough General Hospital	1/4/30
West Bromwich	Hallam Hospital	1/4/30
COUNTY COUNCILS:		
Cardigan	Bronglais Institution, Aberystwyth (Maternity Hospital)	3/3/33
London	62 General, special, and children's hospitals, etc.	1931 and 1932

II. *Appropriations for Mental Deficiency Purposes.*

Local Authority	Name of Institution	Date of Sanction to Appropriation
COUNTY BOROUGHS		
Birmingham ...	Monyhull Colony	21/5/31
	Marston Green Homes	28/3/30
Halifax	Craigie Lea Homes	4/3/31
Walsall and West Bromwich Joint Committee	Great Barr Park (Mental Colony and Infants Hospital)	23/4/32
COUNTY COUNCILS		
Cornwall	St. Columb Institution	23/8/32
Devon	Crediton Institution	16/7/32
	Axminster Institution	16/7/32
Flint	Hawarden Institution	22/8/32
Kent	Tenterden Institution	29/9/30
Middlesex... ...	Fortescue Villas, Edmonton	2/6/31
Monmouth ...	Hill House Institution	31/3/33
Norfolk	Heckingham Institution	9/5/32
Somerset	Shepton Mallet Institution	10/12/30
	Long Ashton Institution	6/2/31
Surrey	Chertsey Institution	25/8/30
	Godstone Institution	6/11/30
Wilts	Pewsey Institution	2/1/31
Yorks (North Riding)	Easingwold Institution	7/3/33

III. *Loans*

151. The amount of loans sanctioned for hospital purposes affords an indication of the comparative activity in counties and county boroughs, provided it is borne in mind that loans under £1,000 do not require the sanction of the Ministry. The survey of the public health services undertaken by the Ministry of Health was begun over two years ago, and it was expected that it would be completed within the course of the next year.

LOANS SANCTIONED BY THE MINISTRY OF HEALTH FOR HOSPITAL PURPOSES SINCE THE TRANSFER OF POOR LAW INSTITUTIONS TO COUNTY AND COUNTY BOROUGH COUNCILS (England)

Year	County Councils		County Borough Councils	
	Under the Public Health Acts	Under the Poor Law Act, 1930	Under the Public Health Acts	Under the Poor Law Act, 1930
		£	£	£
1930-1	—	28,671	118,357	119,712
1931-2	—	303,463	65,044	88,542
1932-3	—	132,696	158,465	57,798

This list does not include the London County Council, as the loans raised by that council for hospital purposes do not require the sanction of the Minister.

CO-OPERATION BETWEEN LOCAL AUTHORITIES AND VOLUNTARY HOSPITALS

152. It is difficult to express in statistical form information as to co-operation between local authorities and voluntary hospitals. In some areas voluntary hospital committees have been set up, but co-operation has been formal or absent, while in other areas, although no committee has actually been set up and no consultation officially recognized, there has, in fact, been the closest possible co-operation. Meetings between local authorities and voluntary hospitals have taken place in the following areas in England:

County Councils: Bedford, Derbyshire, Durham, Gloucester, Hereford, Hertfordshire, Huntingdon, Lincoln (Kesteven), Lincoln (Lindsey), Northampton, Nottingham, West Sussex, Wiltshire, Worcester, Yorks E. Riding).

County Borough Councils: Barnsley, Birmingham, Blackburn, Bradford, Burnley, Cardiff, Carlisle, Chester, Coventry, Darlington, Derby, Gloucester, Halifax, Huddersfield, Ipswich, Leicester, Middlesbrough, Newcastle-on-Tyne, Oldham, Oxford, Preston, Reading, Rochdale, Sheffield, Southend-on-Sea, Sunderland, Wakefield, West Ham, West Hartlepool, Wigan, Worcester, York.

FEES PAYABLE TO MEDICAL PRACTITIONERS UNDER SECTION 14 OF MIDWIVES ACT, 1918
(England and Wales)

(Continuation of para. 100 of Annual Report.)

153. The A.R.M., 1930 (Min. 144), urged amendment of the scale of fees payable to medical practitioners called in on the advice of midwives (*see* pages 117 and 118 of the *Association's Handbook*, 1932–3).

The Council and the Representative Body, 1931, agreed to the suggestion of the Ministry that the matter should be left in abeyance for the time being, and the Council is of opinion that the time is still not opportune to raise this question, and has so informed the Ministry of Health.

In connexion with the following para. (1) of the scale:—

> 1. Fee for all attendances of a doctor at parturition (that is, from the commencement of labour until the child is born), whether operative assistance or not is involved, including all subsequent visits during the first ten days inclusive of the day of birth, £2 2s.,

the Council drew the attention of the Ministry of Health to the difficulties which arise in relation to the remuneration of practitioners for services rendered under this paragraph owing to the varying interpretations adopted by local authorities. While some authorities take the view that if a medical practitioner is present at any time during parturition the fee payable is £2 2s. (which view the Association considers is correct), other authorities interpret the words in parenthesis as meaning that in order to qualify for the £2 2s. fee the practitioner must be present throughout parturition ; and other authorities interpret the para. as meaning that the £2 2s. fee is payable only if the practitioner is present "until the child is born."

The Council informed the Ministry that it is of opinion that para. (1) of the scale means that a medical practitioner who performs any service during parturition is entitled, under the existing scale, to a fee of £2 2s. (covering any subsequent visits during the first ten days), and urged the Ministry to inform local authorities that this is the correct interpretation. It was replied on behalf of the Ministry that, while a binding opinion could be given only by a court of law, the fee under para (1) is based on the assumption that a doctor makes himself responsible for the whole of the attendance required. Where this is the case and his absence at a critical moment was accidental, the local authorities were advised that the fee might be paid. In any particular cases of difficulty the Ministry is ready to make inquiries. The Council purposes again to raise the matter when the whole question of scale of fees is discussed with the Ministry.

PUBLIC HEALTH APPOINTMENTS

154. From June 25th, 1932, to June 17th, 1933, 212 appointments under the "Memorandum of Recommendations as to Salaries for Whole-time Public Health Medical Officers" and under the "Scottish Scale" of salaries for like appointments, were dealt with. In 184 of these instances the appropriate salary was either offered in the first instance or secured after negotiation.

TRANSFER OF FUNCTIONS OF LOCAL AUTHORITIES IN REGARD TO OUTDOOR RELIEF TO CENTRAL AUTHORITIES

155. A Bill will probably be introduced during the present parliamentary session making new arrangements for assistance of unemployed who cease to be entitled to unemployment benefits, and altering the responsibilities of public assistance committees of county and county borough councils. Such alterations, if sufficiently extensive, might afford an opportunity of furthering the Association's policy of removing all health functions from the purview of public assistance committees, and the matter is being watched carefully.

TEACHING OF OBSTETRICS TO MEDICAL STUDENTS

(Continuation of para. 95 of Annual Report)

156. The Society of Medical Officers of Health has been discussing this question with the College of Nursing in connexion with the suggestions of the College:

(1) That the basic training of public health nurses should be that of fully trained nurses on the General part of the State Register, and

(2) That in order to obtain a uniform Public Health Nursing Service there should be one qualifying certificate in addition to the aforesaid training for health visitors and school and tuberculosis nurses.

(3) That the following generally trained nurses should be encouraged to enter for the qualifying certificate of health visitors:

(*a*) Tuberculosis nurses who hold the Central Midwives Board Certificate; (*b*) school nurses who hold the C.M.B. certificate; and (*c*) nurses of the Queen's Institute of District Nursing who hold the C.M.B. certificate.

The committee of the Society of Medical Officers of Health which discussed this matter with the College agreed in principle with the first resolution. A tentative suggestion was made on behalf of the society that there should be a modified midwifery course as part of the health visitor's training, it being in mind that the health visitor, although she needed to be in a position to meet a midwife on equal terms, did not need the same special knowledge and experience. It might be held, therefore, that it should not be necessary for the health visitor to obtain the C.M.B. certificate. These suggestions are being considered by the College of Nursing.

The whole subject of the medical curriculum is, at present, under consideration by the Association.

PART-TIME CONSULTANTS AND SPECIALISTS FOR LONDON

(Continuation of para. 94 of Annual Report.)

157. The committee appointed by the Council to establish contact with the London County Council was received as a deputation by the Central Public Health Committee of the County Council, when the Association's point of view was stressed. It is hoped that the matters involved will be the subject of further negotiations.

It is understood that the London County Council have recently appointed nearly 200 part-time consultants and specialists to their hospitals, the appointments being, in the first case, for one year's duration.

NATIONAL HEALTH INSURANCE

SEAMEN'S NATIONAL INSURANCE SOCIETY

158. The Insurance Acts Committee has again inquired from the Ministry of Health whether there is any likelihood of legislative effect being given to the recommendation of the 1926 Royal Commission on National Health Insurance that the special arrangements for providing medical benefit for members of the Seamen's National Approved Society be discontinued and that members of that society in future receive their medical benefit under the normal arrangements. A detailed statement as to the special position enjoyed by this one society out of all those approved under the National Health Insurance Act appeared in the B.M.J. *Supplement* of May 20th (p. 225). The Ministry was unable to give any indication as to when such legislative action would be taken, but suggested that representatives of the Association should meet representatives of the society. The Insurance Acts Committee, however, does not feel that any useful purpose would be served by discussing with the society any alleged defects in its present administration. In the meantime, the committee will continue to keep alive the view held not only by the profession but also by the Royal Commission and the Ministry itself that there is no longer any need for this one society to have special facilities granted to it for the administration of the medical benefit of its members.

CHANGE OF DOCTOR

159. The view of the profession that an insured person should have the right to change his doctor at any time by giving a fortnight's notice has again been urged upon the Ministry, when it was gathered that there was no likelihood of an alteration in the present "change of doctor" procedure being made, the reason given by the Ministry being the close relation between the "change of doctor" regulations, medical certification, and excessive sickness benefit claims.

INCAPACITY TO FOLLOW ORDINARY OCCUPATION

160. The Insurance Acts Committee has under consideration the situation which has arisen whereby the regional medical officers of the Ministry of Health are asked by approved societies to report upon whether an insured person was incapable of following his ordinary employment but not incapable of other work, whereas an insurance practitioner under the terms of his agreement can certify only that an insured person is "incapable of work."

MEDICAL REPRESENTATION ON INSURANCE COMMITTEES

161. The desirability of action being taken by the Association with a view to securing an increase in the number of representatives of the medical profession upon Insurance Committees has been considered by the Insurance Acts Committee, but the committee felt that it was undesirable to take action in such direction, inasmuch as it feels that the opinion of the profession is still unchanged on this matter, and that it is not a question of the number of representatives of the profession on the Insurance Committees so much as the quality of that representation which counts in this connexion.

OVERSEA BRANCHES

CONFERENCE OF OVERSEA REPRESENTATIVES

162. A conference, to which all oversea members of the Association attending the Annual Meeting of the Association, 1933, are invited, will be held at Trinity College, Dublin, on Wednesday, July 26th, 1933, at 4.30 p.m. A preliminary intimation as to the holding of the conference was sent to all Oversea Branches and Divisions on November 12th, 1932. The programme will consist of:

(1) An address by the Deputy Medical Secretary on the work of the Dominions Committee during the session 1932–3.

(2) The question of the designation of a member of the Medical Secretariat as "Medical Secretary for India"—which subject was raised at the Oversea Conference in 1932, and in resolutions received from the United Provinces and the Calcutta Branch Council.

(3) A resolution by the Malaya Branch regarding the position of medical schools in countries administered by the Colonial Office in respect of the Association's prizes.

(4) Any other suggestions which may be received from Oversea Branches or Oversea Members attending the Annual Meeting, 1933.

POSITION OF ASSOCIATION IN AUSTRALIA

163. Representations by the Federal Council of the Association in Australia, and by the Victorian Branch, relative to the position of the members of the Association in Australia, and also to matters concerning the subscriptions of such members and the sum allotted therefrom to the local Branches of the Association have been the subject of several conferences between representatives from Australia who were present in the United Kingdom at the time, the members of Council representing the Australian Branches, and the officers of the Association. Further conferences thereon will be held during the Annual Meeting of the Association in Australia in 1935.

PROPOSED SECRETARY OF ASSOCIATION FOR INDIA

164. The Punjab Branch suggested to the Council and to the conference of Oversea Representatives, 1932, that the Association should appoint a Secretary for India. The Council did not consider there was any special need to designate a member of the Medical Secretariat as Secretary for India, inasmuch as there was a Standing Committee of the Association for the Dominions, India, Colonies, and Dependencies, which had appointed a special subcommittee to consider matters affecting the relation of the Association to the profession in India. This decision was duly communicated to the Indian Branches on November 12th, 1932.

COLONIAL MEDICAL SERVICES

165. Several matters relating to the Colonial Medical Services have been considered. Colonial Administrations, in common with other authorities, are suffering from the prevailing economic depression, one result being a diminution in the number of vacancies in these Services. Particular consideration has been given to matters relating to the Leeward Islands and the Windward Islands Medical Services, where terms and conditions of service have been the subject of dispute.

A further opportunity has been taken of urging upon the Colonial Office the undesirability of the continuance of a system of confidential reports upon medical officers which deprives the officer concerned of the opportunity of defending himself against criticisms embodied in documents to which he has no access.

UNIFICATION OF COLONIAL MEDICAL SERVICES

166. It is understood that steps will be taken in the early future to initiate proposals for the unification of the Colonial Medical Services, and the Council has informed the Colonial Office that it favours such a proposal. The changes adumbrated will raise important issues, as, for example, the transference of medical officers from one colony to another, and will receive the careful consideration of the Association.

BILL TO ESTABLISH A MEDICAL COUNCIL IN INDIA

167. The Branches of the Association in India have been asked for their comments on a Bill introduced in one of the Indian Legislatures which seeks to establish a Medical Council in India and to provide for the maintenance of a British Indian Medical Register.

MODEL AGREEMENT BETWEEN MEDICAL OFFICERS AND COMPANIES OVERSEAS

168. A model form of agreement as between medical officers and companies overseas, together with an explanatory memorandum, has been prepared and submitted to the Solicitors of the Association. Subsequently it is proposed to ascertain the opinion of a few companies concerned, and then to arrange a conference with representatives of all the companies, with a view to the adoption of the standard form of agreement.

WORK OF BRANCHES OF THE ASSOCIATION OVERSEAS

169. The reports of the Oversea Branches, of the Australian Federal Committee, and of the Federal Council of South Africa indicate extensive activities (including clinical, scientific, medico-political, and social) by these bodies, and some of the more important points arising out of these reports are referred to below.

Africa

East Africa

170. All the Branches in East Africa have been active throughout the year.

At the invitation of the Kenya Branch, a joint meeting of the Branches in East Africa was held at Nairobi, in October, 1932, in connexion with the centenary of the Association. His Excellency the Governor of Kenya, Sir Joseph Byrne, K.C.M.G., K.B.E., C.B., opened the meeting and, on behalf of the Kenya Government, welcomed the members. He also presented to Dr. Neil McLean the medal awarded under the North Persian Forces Memorial Fund, for his paper "A Sleeping Sickness Investigation in the Infected Area of Kavirondo." Dr. J. H. Sequeira delivered the Presidential Address—"1832–1932." Scientific papers were discussed, and the social side of the meeting was well arranged. The meeting was of opinion that the Branches in East Africa should own their own medical journal, and the matter of acquiring the *East African Medical Journal* (with definite recommendations) was referred to the Branches.

The Centenary Meeting, Nairobi, 1932, was so successful that the Tanganyika Branch is organizing a meeting of the Branches in East Africa for January, 1934, and it is hoped to hold such meetings annually in future, for it is considered that this will be a distinct advantage to the Association's prestige in East Africa.

To keep its outlying members informed of action taken by the Branch and Branch Council, the Tanganyika Branch circularizes systematically all these members, and this innovation has proved popular. Among the matters discussed were fees for post-mortem examinations, insurance against legal actions, rural health services, recognition of health qualifications, yellow fever, prevention of introduction of small-pox from India, and the control of leprosy in Africa. The Branch held eleven general and four council meetings.

South Africa

171. The Twenty-sixth Annual Medical Congress of the Medical Association of South Africa (B.M.A.) was held in East London, June, 1932, and the Fifth Annual Scientific Meeting was held at the same place during the same period. The opening ceremony was performed by Sir Carruthers Beattie, Vice-Chancellor of the University of Capetown, and his address was entitled "Medical Schools of South Africa." The Presidential Address was delivered by Dr. J. Bruce-Bays, on the subject "The Profession and the Public." The Twenty-seventh Annual Medical Congress and the Sixth Annual Scientific Meeting will be held at Capetown in September, 1933, when the president will be Dr. E. B. Fuller, the organizing secretary Dr. A. W. S. Sichel, the medical secretary Dr. D. De

Bruijn, and the honorary treasurer Dr. D. Dowie Dunn. One of the features of the congress will be the display of instruments and documents illustrating the history of medicine in South Africa.

During the year the Federal Council of South Africa has discussed, among other matters, medical benefit societies, the extension of the registration of births and deaths to native rural areas, the salaries and security of tenure of public health medical officers, abortion, medical education, and the amendment of its By-laws.

The Branches and Divisions in South Africa continue to show marked activity, have dealt with a large number of medico-political and ethical matters, and have had very attractive clinical and scientific meetings.

West Africa

172. The Sierra Leone Branch held its twenty-third scientific meeting in June, 1932, when the main subject discussed was " Snakes " (specimens exhibited), and reference was made to antivenin and the impossibility of obtaining, at present, a true polyvalent antiserum. At its annual meeting in March, 1933, the question of the establishment of a " home " for the Branch was discussed.

Asia

India

173. The Assam Branch held one council and six general meetings. Its annual meeting, March, 1933, was held at Shillong under the presidency of Dr. H. Gordon Roberts, C.I.E. The members were welcomed by Sir Michael Keane, Governor of Assam, and Lady Keane. The members also visited the Pasteur Institute by invitation of the director, Lieut.-Col. J. Morison, who gave a very interesting demonstration, more especially on the methods of preparation of antirabic vaccine and the bacteriophages.

As the request of the Assam Medical Council the Branch considered the question of the employment of unregistered medical practitioners, and reaffirmed a resolution it passed in 1928 to the effect that an unregistered practitioner should not be engaged for the first time after January 1st, 1928, but that those employed in tea gardens before that date be allowed to continue in that employment.

A proposal has been made (see B.M.J. *Supplement*, May 6th, 1933, p. 193) for amalgamation of the Assam and Northern Bengal Branches, the latter to become a Division of the former.

The Bombay Branch held two general and two council meetings and, among other matters, discussed a new method of enucleation of the tonsils by electric equipment.

The Calcutta Branch held nine general and five council meetings, agreed with the general principles of the Bengal Suppression of Immoral Traffic Bill, 1932, and discussed the Bill for formation of an Indian Medical Council.

Papers on " Leprosy in Women," " Filterable Viruses," and " Retinal Haemorrhages " were read and discussed by the Hyderabad Branch, and cases were demonstrated.

At the annual meeting of the Punjab Branch, March, 1933, the president delivered a practical and interesting address dealing with local health matters, maternity and child welfare, and the activities of the chemical laboratory. There was also a very interesting programme of lectures and demonstrations, and the annual dinner was a great success. These lectures are published in the official proceedings of the Branch, which are circulated to all members of the Branch. Among the other matters considered were the allowances to private medical practitioners acting as witnesses in the Law Courts.

Among the subjects discussed by the United Provinces Branch were leptospirosis, and the relation of insects to public health. The programme of its annual meeting, March, 1933, included medical and scientific meetings (including demonstrations), and its annual dinner.

Malaya

174. The Malaya Branch held a number of meetings, and its annual meeting was held in Singapore, January, 1933. The matters discussed included the remuneration of estate medical officers and the proposed formation of a group of these practitioners within the Branch ; retrenchment of officers in the Malayan Medical Service ; publication of articles in lay press ; fees in estate and Government hospitals ; the out-patient problem ; blood transfusion service ; the best method of organization of the Branch ; fees for medical examination for life insurance ; medical education in Malaya ; the *British Pharmacopoeia, 1932* ; history of the Singapore General Hospital ; and the present state of medical knowledge of the anopheline mosquito in Malaya. A golf competition and annual dinner were also held.

Palestine

175. A Palestine Branch (consisting of the area of Palestine and Trans-Jordan administered under the mandate from the League of Nations) was formed on December 24th, 1932 (see B.M.J. *Supplement* of that date, p. 306).

Australasia

Australia

176. The Federal Committee discussed, among other things, matters relating to the annual subscription of members in Australia, the formation of a Federal Council, the Naval Medical Service, and the permanent Commonwealth Medical Officers. A proposal for formation of a Representative Body in Australia on the lines of the Representative Body of the Association was considered.

Owing to the adverse economic condition affecting the whole of Australia and New Zealand it was decided not to hold an Australasian Medical Congress (B.M.A.) at Perth in 1932. The fourth session of the Congress will be held at Hobart, Tasmania, in January, 1934, under the presidency of Dr. D. H. E. Lines.

The New South Wales Branch held one annual, nine ordinary, and eight clinical meetings, and nine council meetings. It has a number of sections for the study of special branches of medical knowledge, and provides British Medical Association Lectures and post-graduate demonstrations. Among the matters discussed were contract practice, medical treatment of unemployed in mining districts, workers' compensation, and hospital policy. It has arranged for fortnightly radio broadcast talks on medical subjects of general interest.

The Branch is perpetuating the memory of the late Robert Henry Todd (who had been its honorary secretary for twenty-three years) by the establishment of an annual prize in medical jurisprudence.

The Queensland Branch held twelve general and twenty-eight council meetings, and many matters of clinical, scientific, and medico-political interest were discussed. The Branch has a number of committees and sections for special branches of medical knowledge. It is affiliated with local medical associations, and organizes post-graduate courses.

The South Australian Branch held nine meetings during the year, and its council twelve meetings. It has a number of sections for the study of special branches of medical knowledge, and has arranged for fortnightly broadcasts on health matters.

The Council of the Association has accepted the invitation of the Victorian Branch, supported by the Australian Federal Committee, to hold its Annual Meeting in Melbourne in September, 1935 (see para. 4 of the Annual Report of Council, B.M.J. *Supplement*, April 29th, 1933).

The Victorian Branch held thirty-five general and fifteen council meetings, and its annual meeting was held in December, 1932. The subjects discussed included the reference to the general practitioner concerned of patients awaiting admission to the Children's Hospital for minor operations. Regular scientific meetings will be held in future, and arrangements have been made for a weekly broadcast on a medical subject. The Branch presented a portrait to Dr. H. C. Mollison, in recognition of his thirty-seven years' service as treasurer of the Branch and the Medical Society of Victoria.

The Western Australian Branch held nine general and twelve council meetings, and discussed scientific, clinical, and medico-political matters. The Post-Graduate Week held by the Branch was very successful.

New Zealand

177. The New Zealand Branch considered a number of important matters, including hospital appointments and fees in private practice. It has an Obstetrical Section, which has collected information with regard to the prevalence of abortions and miscarriages, and has discussed this matter with the Director-General of Health.

Rugby football is a matter in which many practitioners were personally interested in their younger days ; evidence of professional interest is shown by a resolution of the annual meeting of the New Zealand Branch (March, 1932) to the effect that the enforcement of the rule of the New Zealand Rugby Union forbidding replacements will tend to increase the severity of injuries received, as the player, having the interests of his side at heart, tends to continue in play when he should be replaced, thereby aggravating his injuries and increasing the chances of permanent injury or death.

British Guiana

178. The British Guiana Branch held six general and six council meetings, and discussed clinical and scientific matters. It also discussed matters relating to the British Guiana Medical Service and the findings of the committee on the financial condition of British Guiana. It gave evidence before the Queen's College of British Guiana Committee on the science curriculum, and before the British Guiana Medical Board, protesting against the registration of opticians.

British Honduras

179. A British Honduras Branch (comprising the area of that colony) was formed on May 6th, 1932 (see B.M.J. *Supplement* of that date, p. 193).

Gibraltar

180. The Gibraltar Branch held five general and three council meetings ; also a social function. At its clinical meetings cases and specimens were displayed and discussed. Small-pox was one of the subjects dealt with, and *x*-ray films of abdominal diseases were shown. The collection of books for the Branch Library (recently formed) is progressing. The Branch entertained the medical officers of the Mediterranean and Atlantic Fleets on two occasions.

Jamaica

181. The Jamaica Branch, which is the oldest oversea Branch of the Association, held one council and six general meetings, and discussed clinical, scientific, and medico-political matters.

Trinidad and Tobago

182. The Trinidad and Tobago Branch held its annual meeting at Port-of-Spain in April, 1933, when administrative business was considered. It adopted Rules and considered the report of its council for the year, which dealt mainly with the organization of the Branch. As a result this very active Branch is now organized in two Divisions, " Northern " and " Southern."

MEDICAL BENEVOLENCE

1932 SUBSCRIPTIONS FOR MEDICAL CHARITIES: AREAL CONTRIBUTIONS TO THE CHARITIES

183. For the twelve months ended December 31st, 1932, the amount collected and distributed by the Association for medical charities was £5,825, as compared with £6,178 for the previous year—a not unexpected decrease in view of the prevailing economic depression, although in times of financial difficulty the demands upon the charities are greater than in times of prosperity.

The following is a statement of the amounts collected through the Association for the various funds for 1932:

	Earmarked	Allocated through Association's Charities Trust Fund
	£ s. d.	£ s. d.
Royal Medical Benevolent Fund	1,878 0 9	1,612 13 10
Epsom College	1,247 15 6	642 6 2
Royal Medical Benevolent Fund Society of Ireland ...	39 12 6	—
Sir Charles Hastings Fund ...	—	75 0 0
Royal Medical Benevolent Fund Guild	—	330 0 0
	£3,165 8 9	£2,660 0 0

The comparative figures for 1931 were:

	Earmarked	Allocated through Association's Charities Trust Fund
	£ s. d.	£ s. d.
Royal Medical Benevolent Fund	2,195 2 6	1,477 19 11
Epsom College	1,398 11 3	678 0 0
Royal Medical Benevolent Fund Society of Ireland ...	38 14 6	—
Sir Charles Hastings Fund ...	49 10 3	—
Devon & Exeter Medical Benevolent Society ...	50 0 0	—
Royal Medical Benevolent Fund Guild	—	340 0 0
	£3,731 18 6	£2,495 19 11

It is eight years since the Representative Body decided that the Association should throw its full weight into an effort to place existing medical charities on a basis creditable to the profession. At that time, according to the Annual Report of the Royal Medical Benevolent Fund, the income (apart from legacies) of that Fund in 1925 was £11,500. In 1931 the income of the Fund was £17,700. Comparable increase has been experienced by Epsom College. It should be borne in mind, however, that during this period the number of practitioners on the United Kingdom *Register* increased by approximately 6,000.

The following is the record of the amounts collected and distributed by the Charities Trust Fund (both earmarked and non-earmarked) during the period 1925–32 inclusive:

1925	1926	1927	1928	1929	1930	1931	1932
£2,267	£3,242	£3,960	£4,559	£4,798	£5,908	£6,178	£5,825

Notwithstanding the improvement in the situation, the Council caused to be made an examination of the position from the areal point of view. The examination revealed a wide variation in individual and collective subscriptions, and as a result the Council, in co-operation with the Royal Medical Benevolent Fund and Epsom College, is taking action to bring about an improvement in those localities where individual and collective subscriptions to medical charities are low.

A summary of the position is being issued to Divisions and Division-Branches, and it is hoped that the information in the summary will stimulate activity. A copy of the summary will also be issued to Representatives for consideration at the Annual Representative Meeting.

A word of praise is due to the following areas (some of which it will be noticed come within the category of " distressed areas " so far as the present economic situa-

tion is concerned) which stand out as generous subscribers to medical charities:

Barnet	Furness	Oxford
Bedfordshire	Glossop	Portsmouth
Bolton	Gloucestershire	Reading
Bournemouth	Guernsey	Rugby
Brighton	Guildford	Salisbury
Bristol	Hartlepools	Shropshire and Mid-Wales
Burnley	Holland	Southampton
Buxton	Isle of Ely	South Essex
Cambs and Hunts	Isle of Wight	Southport
Chesterfield	Kesteven	South Suffolk
Coventry	Morpeth	Torquay
Derby	North Glamorgan and Brecknock	Tunbridge Wells
Dundee	Northamptonshire	Warrington
East Norfolk	North Northumberland	West Dorset
Eastbourne	Norwich	West Norfolk
Fife		West Suffolk
Folkestone		

In some of these areas nearly all the practitioners subscribe.

MEDICAL CHARITIES: CENTENARY MEETING

184. A highly successful conference was held on the subject of medical charities during the centenary celebrations. The Council has also pleasure in reporting that, as a result of the activities of the Ladies' Committee of the Centenary Meeting, a sum of £135 15s. 6d. was raised in connexion with the President's Reception, and that a further sum of £79 10s. was handed over by the Ladies' Committee.

PUBLIC ASSISTANCE

(Continuation of para. 101 of Annual Report.)

185. Since formulating the statement (para. 101 of the Annual Report) as to proposals for the development of the Public Assistance Medical Service, based upon the "open-choice" method, consideration has been given by the Council to the question of the existing remuneration of present public assistance medical officers in the light of data collected from some 400 such officers. From the data it is obvious that in a number of instances the present holders of appointments in the public assistance medical service are not only underpaid but seriously underpaid. After consideration as to the most suitable procedure by which the Association might assist these practitioners who are dissatisfied with the terms of their appointments and desirous that action should be taken in the matter with a view to assisting them to secure an improvement in their conditions, the Council submits the following statement to the Representative Body:

The statistics collected from public assistance medical officers disclose the fact that in a great many instances the individual practitioner is manifestly and seriously underpaid.

As far as those individual instances can be grouped in connexion with a county or county borough public assistance authority they indicate that there are a number of areas in which such underpayment is general within the area.

There is no action in these circumstances which can effectively be taken centrally, but every assistance will be given centrally to any local action.

The local action urged in any area where the underpayment can be said to be general should be as follows:

(i) The calling of a meeting of all public assistance medical officers.

(ii) The collection of a sufficient amount of statistical information to make the case for an increase effective, showing the relation of the actual payment per item of service (that is, attendances given at the practitioner's residence or surgery, or visits to patients at their homes, including those necessary for the giving of certificates or a further supply of medicine) to the average item of payment under the National Health Insurance—approximately 2s.

(iii) The Public Assistance Committee should be approached preferably where circumstances allow through the medical officer, either with a view to altering the method of providing domiciliary medical service, or with a view to immediate collective or individual increase of remuneration.

The local action where underpayment can be demonstrated only in individual instances should be individual application by the public assistance medical officer concerned, or collective action by the Branch or Division on behalf of the practitioner or practitioners concerned, in accordance with local conditions.

APPENDIX V

INTERIM REPORT OF COMMITTEE ON MEDICAL EDUCATION

In appointing the committee, the Council requested that at least an interim report should be presented at its June meeting. With this in view the committee has restricted its attention to the main points of criticism that have been urged in regard to the present course of medical study, and to a general survey of the course with a view to the needs of the student who enters upon it either direct from school or after a course in the preliminary sciences at a medical school or university, and who may expect to be fitted to enter upon independent practice of his profession as a general practitioner at its conclusion. The consideration of all questions of special courses of study, either for those who enter the profession late or for those who require special or prolonged courses with a view to the practice of some specialty, has not yet been undertaken. Moreover, the specific content of, or field to be covered by, each subject, has not been exactly explored; nor are any definite recommendations yet made as to the alterations which would be required in the resolutions or recommendations of the General Medical Council if the suggestions of the committee were to be adopted and carried into effect. The committee realizes that it has so far covered only a part of the field of its reference, and if it be reappointed in July it will be its business to deal with many other matters relevant to medical education. It should be understood that all that has at present been attempted is to consider the main object of the course in the case of the ordinary student, the degree of preparation which should be expected of the student before entering upon the course, and the general lay-out of the course with a view to satisfying in the best way these minimum requirements. The object has been not to establish any uniform system of teaching in the various medical schools, but to leave the door open to a wide variety of arrangements or teaching methods, provided that certain broad general requirements are satisfied.

The committee in submitting its interim report wishes to draw attention to the fact that the opinion of the committee on all the points included in the report was not unanimous, and particularly to the fact that there was a somewhat pronounced difference on two matters: (1) whether two and a half years was long enough for the purposes indicated in paras. 20 and 21, and (2) whether it was desirable to include alternative (*e*) in para. 23.

Report

GENERAL AIMS AND METHODS OF MEDICAL CURRICULUM

1. The primary object of the medical curriculum should be to produce on its completion a practitioner who has acquired a right attitude towards professional duties and responsibilities, an ability to deal reasonably in the early days of practice with such patients and conditions as may

confront him, and such basic knowledge and mental training as will enable him to profit continuously by daily experience. It should at the same time constitute such a co-ordinated course of study as will by its mental discipline make the student a really educated person and not merely a skilled technician.

2. From the beginning of the curriculum and throughout, attention should be directed primarily to health, its preservation, perfection, or restoration, and not to disease. A patient would then naturally come to be regarded as a person to be restored to the normal, if possible, and taught to remain so, rather than as "an uninteresting vehicle containing some fascinating disease processes." (Bernard Hart.)

3. In general, and especially with a view to avoiding any extension of the duration of medical studies prior to graduation or qualification, it is important (*a*) that the student should start the medical curriculum with adequate and appropriate previous equipment, (*b*) that into whatever stages the medical course be divided these stages shall be regarded as interdependent, (*c*) that the instruction in each stage shall be conducted in direct reference to that which is to succeed it, and (*d*) that it shall be unnecessary to do at any stage what ought to have been done in any of the preceding stages.

REGISTRATION AND PRE-REGISTRATION STUDIES

4. Registration as a medical student should be compulsory; pre-registration study and examination should include chemistry, physics, and biology; and the medical curriculum properly so described should be regarded as commencing with the full study of human anatomy and physiology.

5. The student should have taken at school the General School Certificate Examination, and thereafter should have followed, either at school, or at a university, or at some place of higher education approved by the university, a further course of study which, in addition to the three science subjects, would include other subjects of general education, usually English language and literature, one foreign language, and perhaps history. Such a course would not necessarily be taken only by those students who were intended for the profession of medicine.

6. The usual duration of such a course would be two academic years. Within such a period it would be possible to ensure for the student of average ability a thorough grounding in physics, chemistry, and biology, while continuing the study of other subjects of general educational value. Representatives of the teaching profession consulted by the committee were unanimously of opinion that it would be advantageous definitely to prescribe the age of 18 years as that below which registration as a medical student, under the conditions stated in paragraph 4, should not be allowed; but they agreed that there are exceptional students who could take the required course and attain the required standard therein in less than two years, and also that it was possible, by a system of deliberate cramming, to attain success in the present type of examination in a shorter period or at a slightly lower age. This, however, it is desirable to avoid.

7. It is probable that many of the "public schools," commonly so-called, both for boys and for girls, are sufficiently equipped for the teaching of physics, chemistry, and biology; that county and municipal secondary schools are equipped for the teaching of physics and chemistry, and approximately one-third of these for the teaching of biology also. Biology is being increasingly regarded as a subject which can well be taught in these schools, and year by year an increasing number of them are making provision for this.

8. In the course indicated chemistry would, and even now often does, include sufficient instruction in the chemistry of the carbon compounds to serve as a foundation for the biochemistry to be taken in the course of physiology, or in connexion with subsequent clinical study.

9. At the end of this course there should be some examination test prior to registration. Such an examination should include, as compulsory, at least one general subject in addition to the science subjects, with opportunity to take more than one such subject when the student so desires. It is undesirable to establish any new examination for this purpose; and it seems likely that the Higher School Examinations of the Universities—for example, the London University, the Oxford and Cambridge Universities, and the Combined Northern Universities—may provide convenient machinery for such a test. Normally these examinations are taken by the student at 18 years of age, two years after the General School Examination. There are a considerable number of groups of subjects which may be taken, and within these groups subjects may be designated as principal and subsidiary. For the purpose of a pre-registration examination for medical students it would be necessary to secure an even greater elasticity in the grouping of subjects, and to establish a greater uniformity of standard or of syllabus as required by universities under whose auspices the examination is conducted.

10. It should be remembered that it is the universities themselves which prescribe the nature and standard of the examination and the syllabus of study with reference to which it is to be directed. The schools from which the pupils enter for this examination are subject to inspection by the universities concerned. With regard to exceptional cases also it should be remembered that universities may exempt from such examination or any part thereof candidates for admission who satisfy them that they have followed courses of study and taken other tests which may safely be accepted as equivalent; and that the General Medical Council is similarly empowered to exempt students in particular circumstances.

11. Assuming that such a course was intelligently constructed and directed and seriously followed, the student should then at least know how to think, how to read with comprehension and reasonable fluency one language besides his own, how to express himself, both in speech and in writing, logically and clearly in his own language. He would have been introduced to some great literature, and have some notion of historical sequence and perspective. He would understand scientific method and scientific principles of observation and deduction; and he would have acquired such a knowledge of the main facts or problems of the physical universe and of living organisms as to enable him to pass to the study of the human organism and its environment with interest, intelligence, and profit.

ANATOMY AND PHYSIOLOGY

12. Anatomy and physiology should be taken *pari passu* as interrelated subjects and with reference to their subsequent clinical application.

13. Instruction should be by means of—

(*a*) Lectures, in which the teaching is not merely through the ear, but through the eye also, use being made of diagrams and pictures, the epidiascope, cinematograph, and skiagram.

(*b*) Dissection of the dead body and the demonstration of dissected specimens.

(*c*) Demonstrations on and examination of the living body.

(*d*) Laboratory practice.

(*e*) Demonstrations in the living subject of abnormal conditions of structure or function.

14. During the course the student should become familiar with the methods of manual examination, and be taught the use of such instruments as the clinical thermometer, the ophthalmoscope, the laryngoscope, the rhinoscope, the otoscope; the estimation of blood pressure; the examination of the blood; and the analysis of secretions.

15. During the course there should be definite consideration of, and instruction in, the following matters or subjects in their relation to human anatomy and physiology and their clinical application:

(*a*) Minute structure.
(*b*) Embryology.
(*c*) The principles of genetics.
(*d*) Nutrition and growth.
(*e*) Mental function.
(*f*) Biophysics and biochemistry.

16. Too great demands are made on the student's time in the course of anatomy as at present taught. In view of opinions expressed in previous paragraphs it is clear that for the medical student human anatomy should be regarded and treated as a study of the living rather than of the dead body. Even so, it should be intimately concerned not merely with structure, but with the relation of structure to function, and with occasional reference to cases of impairment of function as manifested clinically. Looked at in this way, the dissection of the human cadaver should occupy a different position from that which it has hitherto held in reference to the teaching of anatomy to the medical student. Dissection by the student of every part of the body is unnecessary. The study and demonstrations of dissections prepared by experts is of great value. Furthermore, both as regards teaching and as regards examination, while the relative importance of different structures or systems should be thoroughly considered, a knowledge of meticulous detail, such as the exact bony attachments of muscles and the relations of the less important arteries, veins, and nerves, should not be required. In such ways a good deal of time would be saved; the student would be freed from the necessity of much laborious memorizing or learning by rote; and anatomy would be made a more living and practical part of medicine.

17. Similarly, in the course of physiology, a good deal of time might be saved, without essential loss, by releasing the student from the need for preparing all his own histological sections and for preparing and actually carrying out many experiments in laboratory practice.

18. The course of human anatomy and physiology conducted on these lines should occupy not more than five terms.

CLINICAL YEARS

19. The term immediately following the completion of this course should be occupied with the study of (*a*) pharmacology, (*b*) general pathology and elementary bacteriology, including the principles of asepsis and antisepsis. During this term the student should attend in the post-mortem room, receiving practical instruction in the conduct of necropsies, and acting as post-mortem clerk in a certain number of cases; and also should receive a practical introduction to the methods of clinical examination.

20. Including the term indicated in para. 19, there would be three years and one term of clinical study, the last portion of which would be conducted as subsequently laid down. During the first period of not less than two years and six months there would be continued instruction in applied anatomy and physiology, biochemistry, and biophysics, and in pathology and therapeutics in connexion with the main courses, which would be as follows:

(*a*) The principles and practice of medicine.

(*b*) Clinical medicine and attendance on general in-patient and out-patient medical practice, including the holding of a medical clinical clerkship for six months, of which at least three should be in hospital wards.

(*c*) The principles and practice of surgery.

(*d*) Clinical surgery and attendance on general surgical in-patient and out-patient surgical practice, including the holding of a surgical dressership for six months, of which at least three should be in hospital wards.

(*e*) Practical instruction in surgical methods, including mechano-therapeutics.

(*f*) The principles and practice of obstetrics and gynaecology.

(*g*) Clinical obstetrics and gynaecology and attendance on such practice for six months, two-thirds of this time being given to midwifery (including ante-natal care, the management of the puerperium, and the care of the new-born infant), and comprising a period of not less than two months spent as a resident pupil in or in connexion with a maternity hospital or wards, at least twenty cases of labour being personally attended under adequate supervision during this period.

(*h*) Disease in childhood, including child hygiene.

21. As part of the systematic and clinical instruction, but not necessarily as separate courses, should be included:

(*a*) Instruction in the administration of anaesthetics, with personal administration under supervision in at least ten cases.

(*b*) Instruction in and attendance on clinical practice in (i) acute infectious diseases, (ii) tuberculosis, (iii) mental abnormalities, (iv) skin diseases, (v) venereal diseases, (vi) diseases of the eye, (vii) diseases of the throat, nose, and ear, (viii) public health; these subjects being taught as related to general practice.

22. In every medical school a scheme should be prepared showing how each department can co-operate in the teaching of the preventive aspects of medicine. Steps should be taken by the authorities of each medical school to put such scheme, when finally approved, into operation at the earliest possible moment.

23. At the end of this period of study an examination (written and clinical) would be taken, but full licence to practise independently would not be granted until satisfactory evidence was produced of further clinical experience under supervision and of certain further instruction, over a period of not more than nine months. This period might be occupied in one or other of the following ways:

(*a*) In a resident house appointment in a teaching or other approved hospital in at least two departments of practice.

(*b*) As a definitely appointed clinical assistant in an approved hospital or clinic for a period of not more than three months.

(*c*) As a pupil assistant to an approved general practitioner.

(*d*) As pupil to an approved medical officer of health for a period of three months.

(*e*) In regular attendance at hospital practice in a medical school.

Evidence of adequate instruction during this period in the legal and social obligations of the medical practitioner (for example, medical ethics, medical jurisprudence, the duties of the medical practitioner in relation to national health services and social welfare) would be required.

EXAMINATIONS

24. At the end of the course of anatomy and physiology there should be an examination, both written and oral, in those subjects.

25. At an interval of not less than twelve months after the examination in anatomy and physiology there should be a further examination in pharmacology, pathology, and bacteriology.

26. At the end of the main period of clinical study the first part of the Final Examination should be held; this examination would include written, oral, and clinical tests. On the conclusion of the period of further clinical experience under supervision to be gained before licence to practise is given, the Final Examination would be completed by a clinical and oral test relating directly to this further clinical experience.

British Medical Association

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13s. 11d.—D. R. Ainsworth.

10s. 9d.—G. H. Lucas.

10s. 6d. each.—J. S. Alman, R. M. Ainsworth, J. Aitken, D. G. Anderson, K. M. Andrew.

G. A. Back, Surgeon Lieutenant Commander R. R. Baker, J. E. L. Bendor-Samuel, J. F. Blackett, Eleanor C. Bond, P. E. Bond, E. H. Boodrie, R. H. Bott, Rosalina Bradley, P. G. Brain, M. Bristow, J. Brown, Lily C. Butler.

J. G. Campbell, Lucy Campion, Margaret E. M. Carter, G. Clark, H. H. R. Clarke, H. W. Clarke, A. A. Cockayne, M. Connon, A. B. Cook, C. Cookson, A. E. Cope, J. W. Costello, E. Courtin, T. L. Craig, Catherine B. Crane, M. Cutner, R. J. and Mrs. H. C. K. Cyriax.

A. Dalby, F. M. Deighton, R. D. Dewar, G. T. Drummond.

A. C. J. Elwin, W. J. A. Erskine.

C. F. Fairlie, J. Fraser.

H. B. Gibbins, W. Gibson, P. E. Glynn, A. S. Gough, Edith L. Gould, B. C. Cowan, Lieut.-Colonel R. B. Graham, G. R. Gribben, G. S. Hall, K. K. C. Hallowes, W. Hamilton, G. P. Harlan, J. Bishop Harman, H. Hartley, W. S. Haydock, C. W. Healey, H. Heathcote, G. A. Herklots, A. S. Hogg, Colonel E. W. Holder, E. Holmes, J. R. R. Holms, W. G. R. Hore, Dorothy M. Howse, J. Hunter, M. Hunter.

J. P. J. Jenkins, C. B. Jennings, Beatrice M. Joly, H. Jones, J. W. Jones.

C. J. Lewis, I. B. Limbery, J. S. Lyle, R. M. Lyon.

G. B. McCaul, A. R. N. MacGillycuddy, F. McGrath, D. M. Mackay, A. McLachlan, Aileen I. MacMahon, H. J. McShane, J. Marr, Dora Mason, E. W. G. Masterman, G. Matthews, E. B. Messinier, G. W. Miller, T. M. Miller, A. R. Moodie, Florence I. R. Moore, W. J. Morrison, A. G. Mossop.

D. A. Nicoll, B. R. Nisbett.

W. G. Parker, H. C. S. Pasha, J. M. Petri, A. M. Pollock, D. S. Pracey, J. W. Prentice.

M. O. Ramsay, N. R. Rawson, W. J. O. Ray, L. Rees.

Lieut.-Colonel J. V. Salvage, Gladys M. Sandes, C. Sandford, A. A. B. Scott, G. Scott, S. N. Scott, Lieut.-Colonel W. S. J. Shaw, P. McG. Shepherd, W. Simpson, K. C. S. Skene, E. H. Snell, R. M. Soni, Surgeon Lieutenant Commander L. P. Spero, D. C. Staveley, Winifred Staley, W. Stewart, Margaret M. Stuart.

A. G. Troup.

E. Ward, E. H. Watkins, J. W. Wayte, A. M. Weston, Surgeon Commander W. G. Westcott, Mary J. Weston, J. F. L. Whittingdale, A. Wilson, C. P. Woodstock, H. B. Wyman.

10s. each.—W. Asten.

R. McL. Banks, A. M. Baron, W. L. Beaton, Captain K. S. Bhivandiwalla, J. Black-Milne, G. H. Box, Olive K. Burnett.

E. M. Clarke, R. J. Clarke, Dorothy Collenshaw, Charlotte A. G. Conway.

H. J. Davidson, D. A. Davies, D. Day, Hilda M. Denholm-Young.

W. Foote.

V. Green, N. M. Goodman.

W. E. Haigh, A. Hart, P. Hefferman, F. W. Henderson, B. D. Hughes, E. M. R. Hutton.

Mary Jeremy, D. McI. Johnson, T. Jones, Rose Jordan.

C. N. Kaney, C. W. Kay, W. L. Kennedy, Barbara M. Knight.

A. Lee, D. A. Lewis, Margaret I. Little, R. Lyon.

A. C. Macdonald, P. P. McKinney, G. V. T. McMichail, Janet M. Macmillon, W. H. Maidlow.

S. J. Parkhill, K. H. Parkinson, F. B. Parsons, H. W. Pigcon.

W. M. Ramsden, F. W. Rayment, F. M. Robertson, C. W. Rogers, W. J. Ruddock.

C. E. Scudamore.

C. F. Taylor, Isabel S. Thomson, J. and Agnes H. T. Thomson, A. K. Traill, S. Duke Turner.

W. R. Watt, J. P. Wells, J. McG. Williams, T. N. Wilthew, M. U. Wilson.

W. A. Young.

Miscellaneous amounts of less than 10s. each total £22 8s. 1d.

Oversea Conference

A conference has been arranged to which all the oversea members who will be in Dublin during the Annual Meeting of the Association next month are cordially invited. The conference will be held in Trinity College, Dublin, on Wednesday, July 26th, at 4.30 p.m. The main programme will consist of:

(i) A short address by the Deputy Medical Secretary (Secretary of the Dominions, India, Colonies, and Dependencies Committee) on the work of that committee during the session 1932–3.

(ii) Question of the designation of a member of the Medical Secretariat as "Medical Secretary for India."

(iii) Resolution of Malaya Branch regarding position of "medical schools in countries administered by the Colonial Office" in respect of the Association prizes.

It is hoped to arrange for a few short (five-minute) addresses by oversea members.

The object of the conference is to enable oversea members to become acquainted with the officers and officials of the Association, and to discuss questions specially relating to oversea Branches.

Travelling Facilities for the Dublin Meeting

For the convenience of members attending the Annual Meeting in Dublin, the railway companies of Great Britain (excepting the Metropolitan, Metropolitan District, and London Electric Railway Companies) will issue return tickets for both classes at the ordinary single fare and one-third for the double journey, fractions of 3d. being reckoned as 3d. On application to the Financial Secretary members may obtain a signed voucher, which must be surrendered when the ticket is purchased. This voucher, issued by the English Railway Clearing House, will apply from stations in Great Britain to the Irish ports by railway-owned steamers, by the boats of the Belfast Steamship, British and Irish Steam Packet, and the City of Cork Steam Packet Companies, and by the boats of Messrs. Burns and Laird Lines Ltd. If the journey to Dublin involves rail journey on the Irish railways it will be necessary to produce at the time of booking a second voucher enabling members to take advantage of the reduced fare facilities offered by the Irish companies. The return journey on the Irish railways can be completed at the following rates: Great Northern Railway (I.), single fare and three-eighths; Great Southern Railways, single fare and one-half; other Irish railway companies, single fare and one-third.

Books for Oversea Branch Libraries

The number of Oversea Branches of the British Medical Association forming medical libraries is steadily increasing, and the stocking of such libraries is sometimes a matter of considerable difficulty. From time to time applications are received from these Branches for books, surplus to central Library requirements, which would be suitable for their collections, and while the Library Sub-committee is anxious to meet such requests the supply of surplus books is not equal to the demand. It is felt that many members of the Association may possibly own useful medical and scientific books to which they no longer refer, and the Medical Secretary would be grateful if they would present these books to the Association for transmission to Oversea Branches, and thus render a real service to those members abroad who are trying to keep their colleagues supplied with medical literature. Books should be forwarded to the Librarian, B.M.A. House, Tavistock Square, W.C.1, and all gifts will be duly acknowledged.

Association Notices

NOTICES OF MOTION FOR THE ANNUAL REPRESENTATIVE MEETING, DUBLIN, 1933

COMMITTEE ON LOCAL EXPENDITURE

By BOURNEMOUTH: That this meeting hereby expresses its appreciation of the timely protest made by the Public Health Committee in December last concerning the Report of the Committee on Local Expenditure, and requests the Representative Body to declare emphatically that any curtailment of the existing public health services would exhibit a false economy and prove inimical to the highest interests of the public.

RULES OF LENDING LIBRARY

By HAMPSTEAD: That (with reference to para. 55 of the Annual Report) the Council be asked to reconsider the relative rules of the Lending Library with a view to securing that they shall provide that the return of all library books within twenty-eight days shall only apply when such books are actually required by another member; that members be entitled to retain those books which are not in demand until requested to return same, or for a maximum period of three months; that thereafter the rule relating to the fine shall apply in the same manner as for books returnable within twenty-eight days.

"HOME HELPS" DURING LYING-IN PERIOD

By HAMPSTEAD: That local authorities should be encouraged to make available, in necessitous and otherwise suitable cases, the services of "home helps," who will work in accordance with such local conditions and under such supervision as will prevent their undertaking the duties of a trained nurse, a maternity nurse, or a midwife.

HOSPITALS AND DOMICILIARY ATTENDANCE

By KENSINGTON: That (in connexion with para. 122 of Annual Report of Council) with reference to paras. 181–193 of the Report of the Committee appointed by King Edward's Fund to inquire into out-patient methods, in the opinion of this meeting it is contrary to the best interests of the patients concerned, as also of private medical practice, that arrangements should be made by hospital authorities for any form of domiciliary attendance otherwise than through the general medical practitioner.

EXTENSION OF PUBLIC MEDICAL SERVICES

By KENSINGTON: That (with reference to para. 79 of Annual Report of Council) in view of the importance of the early extension of public medical service schemes throughout the country a conference of representatives of existing services be held at the earliest opportunity.

BRITISH DIPLOMATIC SERVICE

By KENSINGTON: That this meeting wishes to draw the attention of the Council to the advantage of organizing a Health Department in the British Diplomatic Service, and considers the present an appropriate moment to make representations to H.M. Government in connexion therewith.

DIRECT REPRESENTATIVE FOR WALES ON GENERAL MEDICAL COUNCIL

By NORTH GLAMORGAN AND BRECKNOCK: That in the opinion of this meeting the time is now opportune for the appointment of a direct representative for Wales on the General Medical Council.

CONDITIONS OF ADMISSION OF PRIVATE PATIENTS IN HOSPITALS

By WEST SUFFOLK: That the following be substituted for the recommendation contained in para. 114 of the Annual Report of Council:

(1) The normal method of admission of a private patient should be on the recommendation of a general medical practitioner, and if in an emergency a private patient is admitted without the cognizance of his private medical attendant, the latter should be informed immediately.

(2) When accommodation is provided for private patients in or in connexion with a hospital, either in the form of rooms, wards, or special buildings, the following conditions should apply:

(A) If the hospital has a restricted visiting medical staff which is ordinarily responsible for the care of all patients in the public wards, then—

Either (*a*) The patient should be under the responsible care of a member of the visiting medical staff in association with the private practitioner of the patient. In this case the private practitioner should have free access to the patient and should have such share of responsibility and treatment of the patient as may be agreed upon between the member of the visiting medical staff and the private practitioner.

Or (*b*) If arrangements have been made by the governing body to permit the access of practitioners not on the staff to have responsible care of their own patients, the patient should be entitled to select any available practitioner, but if at any time the treatment of the case involves the application of special skill or experience, the practitioner giving such treatment may be required to satisfy one or more of the following conditions:

(i) That he has held hospital or other appointments affording special opportunities for acquiring special skill and experience of the kind required for the performance of the services rendered, and has had actual recent practice in performing the service rendered or services of a similar character, or

(ii) that he has had special academic or post-graduate study of a subject which comprises the service rendered, and has had actual recent practice as aforesaid, or

(iii) that he is generally recognized by other practitioners in the area as having special proficiency and experience in a subject which comprises the service rendered.

(B) If the hospital has not a restricted visiting medical staff, which is ordinarily responsible for the care of all patients in the public wards, the patient should be admitted under the responsible care of a private practitioner, and should be allowed, if necessary, to call in any consultant of his choice.

(3) The appropriate medical fees payable by the private patient in conditions mentioned above may be determined either according to a scale agreed between the medical staff and the board of management, or by private agreement between the medical attendant and the patient.

CHANGE OF DOCTOR

By EDINBURGH AND LEITH: That the Representative Body reiterates the protest expressed in Minute 60 of the A.R.M. 1931—namely, against any interference with the liberty of the insured person to change his doctor when he so desires, and requests the Council again to approach the Minister of Health on the matter.

LAPSE OF INSURANCE

By EDINBURGH AND LEITH: That (with reference to para. 105 of Annual Report of Council) this meeting appreciates the work that the Council has done in connexion with the situation which will arise at the end of 1933 as the result of the passing of the National Health Insurance and Contributory Pensions Act, 1932, and requests the Council again to urge upon the Minister of Health that it would be advantageous were Public Assistance Committees to arrange for medical benefit to continue to be provided through Insurance Committees by insurance practitioners (with free choice of doctor) in respect of those persons who will cease at the end of 1933 to be insured under the national health insurance system owing to the passing of the National Health Insurance and Contributory Pensions Act, 1932.

SCOTTISH COMMITTEE

SESSION 1933–4

Election of 3 Representatives by the Group of seven Divisions comprising Orkney, Shetland, Caithness and Sutherland, Inverness, Islands, Ross and Cromarty, and Argyllshire.

In accordance with the Standing Orders of the Scottish Committee nominations for these 3 vacancies shall be in writing and may be made (*a*) by a Division or (*b*) signed by not less than three members of the Group.

Nomination forms have been forwarded to the honorary secretaries of the Divisions in the Group, and can also be obtained on application to the Scottish Office.

If more than three members are nominated the election shall be by voting papers sent by post from the Scottish Office to each member of every Division in the Group.

Nominations should be sent to me at the Scottish Office, 7, Drumsheugh Gardens, Edinburgh, not later than July 20th, 1933.

R. W. CRAIG,
Scottish Medical Secretary.

BRANCH AND DIVISION MEETINGS TO BE HELD

ABERDEEN BRANCH: ABERDEEN AND KINCARDINE COUNTIES DIVISION.—At 29, King Street, Aberdeen, Thursday, June 29th, 4 p.m. Annual meeting; annual report of Executive Committee, treasurer's report, election of officers, etc.

ABERDEEN BRANCH: CITY OF ABERDEEN DIVISION.—At 29, King Street, Aberdeen, Thursday, June 29th, 4 p.m. Annual meeting; annual report of Executive Committee, treasurer's report, election of officers, etc.

BATH, BRISTOL, AND SOMERSET BRANCH.—At Taunton and Somerset Hospital, Wednesday, June 28th, 3.30 p.m. Mr. Duncan Wood: "Inflammation of the Gall-bladder and Gall-stones."

BATH, BRISTOL, AND SOMERSET BRANCH: BRISTOL DIVISION.—At Dorset House, Clifton, Saturday, June 24th, 4.30 p.m. Annual general meeting. The chairman-elect, Dr. Elizabeth Casson, has kindly invited all members to a garden party at 3 p.m., and has arranged for exhibitions of country dancing. A special welcome is extended to the final-year medical students of Bristol University on the completion of their examinations.

BATH, BRISTOL, AND SOMERSET BRANCH: WEST SOMERSET DIVISION.—At Taunton and Somerset Hospital, Wednesday, June 28th, 3 p.m. Annual meeting.

BIRMINGHAM BRANCH: WEST BROMWICH AND SMETHWICK DIVISION.—At West Bromwich and District General Hospital, Thursday, June 29th, 8.30 p.m. Discussion on Annual Report of Council.

HERTFORDSHIRE BRANCH: EAST HERTFORDSHIRE DIVISION. At Wellhouse Hospital, Barnet, Thursday, July 6th, 2.30 p.m. Address by Dr. H. R. Segar: "The Role of the Hospital in Public Assistance Schemes."

KENT BRANCH.—At Folkestone Golf Course, Wednesday, June 28th. Annual golf competition for Tennyson-Smith Cup. At Royal Hotel Pavilion, Folkestone, Wednesday, July 5th, 1 p.m., luncheon at the invitation of the president-elect. 2.15 p.m., at Royal Victoria Hospital, annual meeting; election of officers, president's address. 3 p.m., Inspection of Royal Victoria Hospital. Cricket match (Kent *v.* Gloucestershire). 4.30 p.m., Tea at Radnor Club Tent.

LANCASHIRE AND CHESHIRE BRANCH: SOUTHPORT DIVISION.—At 52, Hoghton Street, Southport, Friday, June 30th, 8.30 p.m. Consider Annual and Supplementary Reports of Council, etc.

LINCOLNSHIRE BRANCH.—At Albion Hotel, Lincoln, Thursday, June 29th, 2.30 p.m. Annual general meeting. Address by Dr. Willoughby Smith, president-elect.

METROPOLITAN COUNTIES BRANCH.—At British Medical Association House, Tavistock Square, W.C., Friday, June 23rd, 4.30 p.m. Annual general meeting. Business: (1) Report of scrutineers as to election of officers; (2) Annual Report of Council; (3) report of representatives of Branch on the Central Council; (4) presidential address by Dr. C. F. T. Scott: "The Diminishing Field of Private Practice."

METROPOLITAN COUNTIES BRANCH: HARROW DIVISION.—At Ovaltine Farm and Factory, Tuesday, June 27th, 3.15 p.m.

METROPOLITAN COUNTIES BRANCH: HENDON DIVISION.—At Hendon Cottage Hospital, Friday, June 30th, 8.30 p.m. Consider Annual Report of Council.

METROPOLITAN COUNTIES BRANCH: KENSINGTON DIVISION.—At Kensington Town Hall, Tuesday, June 27th, 8.45 p.m. Address by Dr. A. Baldie: "Tests for Drunkenness." Consider Supplementary Report of Council, etc.

METROPOLITAN COUNTIES BRANCH: SOUTH MIDDLESEX DIVISION.—At St. John's Hospital, Twickenham, Wednesday, June 28th, 8.45 p.m. Consider Report of Council and instruct representatives.

MIDLAND BRANCH.—At Nottingham General Hospital, Tuesday, June 27th, 2.30 p.m. Annual meeting. Address by Dr. G. C. Anderson (Medical Secretary): "What does the B.M.A. do for the Profession?" To be followed by a discussion.

NORTH OF ENGLAND BRANCH.—At Star and Garter Hotel, Blyth, Thursday, June 29th, 12.30 p.m., annual meeting; election of officers, etc. 1 p.m., Luncheon at invitation of Dr. A. Fairlie. Followed by annual golf competition, for cup presented by Dr. D. F. Todd, at Blyth Golf Club.

NORTH OF ENGLAND BRANCH: GATESHEAD DIVISION.—At High Teams Hospital, Tuesday, June 27th, 8 p.m. Instructions to representative. Clinical evening conducted by Dr. L. L. Westrope.

NORTH WALES BRANCH.—At Queen's Hotel, Old Colwyn, Thursday, July 6th. Summer meeting.

SUFFOLK BRANCH: SOUTH SUFFOLK DIVISION.—At East Suffolk and Ipswich Hospital, Friday, June 23rd, 3.30 p.m. Lecture by Mr. G. Gordon-Taylor: "Surgical Conditions of Interest to the General Practitioner."

SUFFOLK BRANCH: WEST SUFFOLK DIVISION.—Tuesday, June 27th, 3 p.m. Consider remainder of Annual Report of Council and Supplementary Report.

SURREY BRANCH: KINGSTON-ON-THAMES DIVISION.—Joint meeting with Richmond Division at Surbiton Assembly Rooms, Tuesday, June 27th, 3.15 p.m. Discussion on the desirability or otherwise of a Public Medical Service being formed in the area of the two Divisions. To be opened by Dr. Robert Forbes (Deputy Medical Secretary). Nomination of candidate (if any) for election to General Medical Council.

YORKSHIRE BRANCH: SHEFFIELD DIVISION.—At Royal Victoria Hotel, Sheffield, Wednesday, July 5th, 1.15 p.m. Luncheon in honour of successful students at Final M.B. Examination, Sheffield University, and to recently qualified.

TABLE OF DATES

July 5, Wed.	Additional items for inclusion in A.R.M. printed agenda *must* be received at Head Office by this date.
July 21, Fri.	Annual Representative Meeting, Dublin.
July 22, Sat.	Annual Representative Meeting, Dublin.
July 24, Mon.	Annual Representative Meeting, Dublin. Council.
July 25, Tues.	Annual Representative Meeting; Annual General Meeting; President's Address, Dublin.
July 26, Wed.	Council. Meetings of Sections, etc., Dublin.
July 27, Thurs.	Meetings of Sections, etc., Dublin.
July 28, Fri.	Meetings of Sections, etc., Dublin.

G. C. ANDERSON,
Medical Secretary.

Meetings of Branches and Divisions

BORDER COUNTIES BRANCH: CUMBERLAND DIVISION

A meeting of the Cumberland Division was held at the Cumberland Infirmary, Carlisle, on April 21st, when Mr. A. J. CAIRD was in the chair and more than forty members and non-members were present.

The following officers were elected:

Representative in Representative Body, Mr. Norman Maclaren. *Deputy Representatives in Representative Body*, Dr. C. W. Graham, Dr. R. Connell.

Dr. J. W. Bone, Dr. E. K. Le Fleming, and Dr. Christine Murrell were nominated as candidates for election to the General Medical Council.

Mr. J. N. J. HARTLEY opened a discussion on blood transfusion, its history, indications, and technique. He dealt with the surgical indications for blood transfusion, and gave a detailed explanation of the citrate method. Dr. D. CAMERON and Dr. J. S. FAULDS also contributed to the discussion. The members then visited the out-patient theatre, where Mr. CAIRD demonstrated a complete transfusion, the history of the case being given by Dr. GALLOWAY.

At the conclusion of the meeting votes of thanks were accorded the matron and the management committee for their hospitality, and to the honorary staff for the demonstration.

DERBYSHIRE BRANCH: BUXTON DIVISION

The annual meeting of the Buxton Division was held on May 18th. The following officers were elected:

Chairman, Dr. T. D. Fentem. *Vice-Chairman*, Dr. C. W. Buckley. *Honorary Secretary*, Dr. L. S. Potter.

The accounts of the Medical Ball Committee were presented by the secretary and adopted, and the meeting expressed its satisfaction with the amount forwarded for medical charities.

Mr. P. R. WRIGLEY of Manchester gave an address on cholecystitis, with special reference to the aetiology and pathology of stone formation. The address was followed by a discussion, at the conclusion of which the thanks of the meeting were accorded the lecturer, on the motion of the CHAIRMAN.

DERBYSHIRE BRANCH: DERBY DIVISION

At a special meeting on May 16th, to which all medical practitioners resident in the area of the Division had been invited, with Dr. J. A. WATT in the chair and eighteen members present, it was decided to nominate Dr. J. W. Bone, Dr. E. K. Le Fleming, and Dr. Christine Murrell as direct representatives on the General Medical Council.

The following officers of the Division were elected for 1933–4:

Chairman and Honorary Treasurer, Dr. J. A. Watt. *Vice-Chairman*, Dr. A. C. Adams. *Honorary Secretary*, Dr. H. C. C. Taylor. *Charities Secretary*, Dr. C. E. Potter. *Representatives in Representative Body*, Dr. D. R. Milligan and Dr. H. C. C. Taylor. *Deputy Representatives in Representative Body*, Dr. L. S. Potter and Dr. G. F. Keatinge.

The meeting discussed the terms of admission of patients to the Derby City Hospital. Dr. R. GORDON COOKE, the medical superintendent, assured the meeting that patients other than maternity cases were not admitted without a note from their private doctor. Dr. G. LILICO, the medical officer of health for Derby, invited members to communicate their difficulties to him direct.

The Annual Report of Council was considered, and on the motion of Dr. E. C. DAWSON, seconded by Dr. BARBER, the representatives were instructed to oppose the scheme for the extension of the Association's consultants list to include the provinces.

DERBYSHIRE BRANCH: GLOSSOP DIVISION

A very successful dinner, under the auspices of the Glossop Division, was given at the Norfolk Hotel on May 3rd. Among the guests were Mr. Marcus Mamourian, honorary surgeon, Wood's Hospital, Glossop, and Dr. Campbell Brown, medical officer of health of Hyde.

EAST YORKSHIRE BRANCH

A clinical meeting of the East Yorkshire Branch was held on May 19th at the Sutton Branch of the Hull Royal Infirmary, by kind invitation of the house committee.

A number of cases were demonstrated, including the following. Mr. H. UPCOTT: Two cases of osteomyelitis in children, and a case of myositis ossificans traumatica in a youth of 20. Mr. R. B. BLAIR: Two cases of excision of the rectum for carcinoma; two cases in which hemithyroidectomy had been performed for exophthalmic goitre; and a number of interesting transparencies prepared from various radiograms. Dr. D. S. MUIR: A typical case of acromegaly of nine years' duration in a woman of 42, who had been treated by radium bomb for the relief of pituitary headaches (she was blind on admission, but subsequently, and somewhat unexpectedly, regained a visual acuity of 6/18 in one eye and 6/36 in the other, and was back again in charge of a private school); a case of pseudo-hypertrophic myopathy in the early stages in a child whose brother was paralysed; and an extensive gummatous syphiloderm, which was making the usual rapid improvement on novarsenobillon injections.

The meeting adjourned for refreshment, after which members inspected the new building and the nurses' home. A vote of thanks, proposed by the PRESIDENT and seconded by Dr. H. L. EVANS, was accorded to those who had helped to make the meeting a success, especially the matron and the house committee.

GLASGOW AND WEST OF SCOTLAND BRANCH: DUMBARTONSHIRE DIVISION

The Dumbartonshire Division held its Divisional stage of the Treasurer's Cup golf competition on the Erskine golf course on May 17th, when Dr. L. Crombie was the winner and Dr. A. D. Downes the runner-up.

KENT BRANCH: BROMLEY DIVISION

The annual meeting of the Bromley Division was held on May 19th, when Dr. T. DAVIDSON MILLER was in the chair.

The following officers were elected for 1933–4:

Chairman, Dr. J. W. Edwards. *Vice-Chairman*, Dr. J. Grant. *Honorary Secretary and Treasurer*, Dr. H. J. Parish. *Representative in Representative Body*, Dr. H. Chisholm Will.

Mr. CYRIL A. R. NITCH gave a most interesting address on the significance of haematuria. The lecture was illustrated by lantern slides, and many pathological specimens were shown. Several members took part in the subsequent discussion, and the proceedings closed with a hearty vote of thanks to Mr. Nitch.

LINCOLNSHIRE BRANCH: LINCOLN DIVISION

The annual general meeting of the Lincoln Division was held on May 25th.

Dr. H. B. WILLOUGHBY SMITH gave a most interesting account of the Centenary Meeting in London in July, 1932, and of the pilgrimage to Worcester.

The following officers were elected:

Chairman, Dr. W. J. Wilkinson. *Vice-Chairman*, Dr. G. C. Wells-Cole. *Honorary Secretary and Treasurer*, Dr. H. W. Vaughan. *Representative in Representative Body*, Dr. H. B. Willoughby Smith.

METROPOLITAN COUNTIES BRANCH: HARROW DIVISION

The annual general meeting of the Harrow Division was held on May 25th.

The following officers were elected for 1933–4:

Chairman, Dr. J. E. Gaze. *Vice-Chairman*, Dr. D. D. Ritchie. *Honorary Secretary*, Dr. O. R. Tisdall. *Representative in Representative Body*, Dr. H. L. Hatch.

Drs. Gaze and Martin were nominated for election to the Middlesex Panel Committee, and Drs. Thom and Walker were appointed representatives on the Harrow Clinic.

Mr. C. D. SHAPLAND gave an interesting address on modern treatment of detachment of the retina.

METROPOLITAN COUNTIES BRANCH: KENSINGTON DIVISION

A meeting of the Kensington Division was held on May 23rd at the Princess Beatrice Hospital, by kind invitation of the board of governors. Cases were shown and demonstrated by Dr. WYARD, Mr. JOHNSTON ABRAHAM, Mr. ABEL, Mr. WORTON, and Dr. BUCKLEY SHARP.

METROPOLITAN COUNTIES BRANCH: SOUTH-WEST ESSEX DIVISION

A meeting of the South-West Essex Division was held at Leyton on May 9th, when eighteen members were present. The meeting was convened to discuss difficulties or criticisms in connexion with the Connaught Hospital. Members complained that persons contributed to the hospital's penny-a-week scheme irrespective of income, and then expected to receive free treatment; that patients who underwent emergency treatment or minor operations were not referred back to their own doctors for after-treatment; and that doctors did

not receive *x*-ray or in-patient reports when patients were discharged. Conflicting statements were made by members as to the validity of these criticisms, and the meeting agreed that a deputation should be sent to the hospital council to point out the fallacies of the method of collecting contributions, and that suggestions with regard to the other matters should be sent to the medical committee of the hospital.

The meeting concluded with a discussion on the Annual Report of Council.

NORTH OF ENGLAND BRANCH: CLEVELAND DIVISION

The annual meeting of the Cleveland Division was held at Saltburn on May 18th, when Dr. C. R. GIBSON was in the chair and eighteen members were present.

The Memorandum of Agreement relating to the provision of medical attendance on dependants in the East Cleveland area and the rules of the Cleveland Public Medical Service were ratified.

The meeting decided to make a donation of £10 to the Royal Medical Benevolent Fund.

The following officers were elected for 1933–4:

Chairman and Representative in Representative Body, Mr. B. G. S. Belas. *Vice-Chairman*, Dr. C. R. Gibson. *Secretary and Treasurer*, Dr. J. B. S. Guy. *Assistant Secretary and Treasurer*, Dr. D. C. Dickson. *Deputy Representative in Representative Body*, Dr. G. H. Lowe.

PERTH BRANCH

A meeting of the Perth Branch was held on May 26th, when Dr. W. HAIG was in the chair and nine members were present.

After consideration of the Report of Council with reference to public assistance domiciliary medical service, the meeting expressed itself in favour of the "open choice" method. Dr. J. LIDDELL suggested that the views of the Branch should be submitted to the local authority, whereupon Dr. PARKER STEWART, the medical officer of health, promised to keep the Branch informed of any decisions the local authority might make, so that the Branch would have an opportunity of communicating with the latter when the occasion arose. Dr. W. Haig was elected representative, and Dr. M. Burnet deputy representative, in the Representative Body, and arrangements were made for the secretary to attend the Secretaries' Conference in Dublin.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SOUTH-WEST WALES DIVISION

A meeting of the South-West Wales Division was held at Carmarthen on May 24th, when twelve members were present.

Dr. Oscar Williams was elected representative, and Dr. T. R. Davies deputy representative, in the Representative Body.

The meeting considered the proposed rearrangement of the Division, and decided that the counties of Carmarthen and Cardigan should not be separated, and that Pembrokeshire should be encouraged to form its own Division. With this end in view Dr. E. R. Williams of Glynderwen was asked to convene a meeting of the Pembrokeshire members.

The meeting selected a deputation to press the claim for a fee for coroners' reports.

SUFFOLK BRANCH: WEST SUFFOLK DIVISION

At the invitation of the West Suffolk Division Lord HORDER held a clinic at the West Suffolk General Hospital, Bury St. Edmunds, on May 28th, when twenty-one members and two visitors attended. Among the cases demonstrated were splenic anaemia and abdominal cyst. Lord Horder also showed four patients, each of whom had a different type of anginal pain, and gave a most interesting clinical talk on the differential diagnosis and treatment.

SURREY BRANCH: RICHMOND DIVISION

The annual meeting of the Richmond Division was held on May 12th, when Dr. M. K. ROBERTSON was in the chair and nine members were present.

The following officers were elected for 1933–4:

Chairman, Dr. V. Pendred. *Vice-Chairman*, Lieut.-Col. E. V. Hugo, I.M.S. (ret.). *Honorary Secretary and Treasurer*, Dr. R. Duncan. *Representative in Representative Body*, Dr. J. J. Keyms. *Deputy Representatives in Representative Body*, Dr. Isabelle W. Horsley, Dr. D. Dunlop.

A vote of thanks was accorded the retiring chairman, and the secretary was instructed to convey the thanks of the Division to the Management Committee of the Royal Hospital for allowing the use of a room for meetings of the Division and for providing hospitality.

National Health Insurance

SICKNESS AND UNEMPLOYMENT BENEFITS

Public attention has from time to time been directed to the gap that may in certain circumstances occur between sickness benefit and unemployment benefit. The typical case is that of an unemployed insured person in receipt of sickness benefit called for examination by a regional medical officer; on receipt of the report the approved society decides to stop benefit as from the date of that examination. Some days may elapse before the insured person is informed of his society's decision, during which time he does not present himself at an employment exchange as a person available for employment, and thus fails to qualify for unemployment benefit.

It has been alleged that in many cases, if the insured person at the time of examination was made aware of the examining officer's opinion that he was not incapable of work, he would at once report at the employment exchange. There are obvious objections, however, to any communication being made to the insured person by the examining officer. Any opinion that officer forms is in no way decisive. He acts in an advisory capacity only, and the responsibility for decision rests solely with the approved society (subject to the insured person's right of appeal). Further, it would be improper that the examining officer, by communicating his opinion at the time of examination to the insured person, should appear to advise him. The patient must be guided by the opinion of his own doctor, and it appears desirable that he should be induced to consult his doctor again as soon as possible after the examination. Ordinarily, the examining officer's report will be in the hands of the practitioner on the morning following the examination, and this would appear, therefore, to be the most suitable time for the patient to attend. The Ministry, with the concurrence of the Insurance Acts Committee, has accordingly made arrangements whereby, in the notice summoning an insured person, he is advised that if he attends for examination he should see his doctor on the following morning.

It is believed that, in the interests of their patients, practitioners will welcome the opportunity thus afforded of reviewing a patient's case in the light of the examining officer's report and advising as necessary. If the examining officer is of opinion that the insured person is fit for work and the practitioner agrees, it will be possible for the insured person, having received a final certificate, to attend at the employment exchange the same morning and claim unemployment benefit. As sickness benefit will ordinarily be payable up to and including the day of examination by the regional medical officer there need be no gap between the periods of sickness and unemployment benefits to which the insured person is otherwise entitled.

TREATMENT OF THE UNEMPLOYED IN SCOTLAND

On May 23rd officials of the Department of Health for Scotland met representatives of the B.M.A. and the Scottish Association of Insurance Committees, among whom were Dr. G. W. Miller, chairman of the I.A.S.C., Dr. R. W. Craig, Scottish Medical Secretary, Dr. Joseph McCutcheon (Glasgow), and Dr. Lambie (Glasgow).

The case put forward on behalf of the deputation was to the effect that the insured population and the doctors were only now realizing that at the end of the current year a very large number of persons, mainly resident in the distressed areas, would be deprived of their right to medical benefit, and would be thrown upon the resources of Poor Law medical relief, as now administered by the newly organized local authorities. It was indicated that this was undesirable from many standpoints, but the general arguments, which are familiar, need not be detailed. In particular, it was felt that, if there was no continuance of the rights of insured persons to these people, they would in most cases still call for and receive medical treatment from their panel doctors. These doctors in the distressed areas were already suffering in many

ways from the economic depression, and could not reasonably be asked to have their remuneration still further reduced. It was further pointed out that the reorganization of local government had been carried out with the view of removing the pauper taint from relief, and that if this applied to cash relief it should apply even more to medical treatment. The first duty of the panel doctor was to his patient, but the first duty of the public assistance medical officer was to his local authority. There was a vital difference. The cost of providing treatment to these people might be estimated at 12s. per head. If the figure of 20,000 in Scotland was correct, this implied that a sum of £12,000 would be required. This money might be found in various ways, of which the following are illustrations:

1. The insurance funds might meet this cost by some small adjustment of the central fund, or, alternatively, by a postponement in the redemption of reserve values. The Government actuary should be invited to say what exactly could be done, even although he might not be personally in favour of any scheme of this kind.

2. There might be a direct Government grant. The Government contribution to national health insurance had been greatly reduced within recent years. The last economy cut alone had deprived the doctors in Scotland of a sum of approximately £80,000 a year, and in addition to this saving there were savings in the central and local administrations of the services. The sum of £12,000 was a very small part of the savings which the Government had made.

3. The public assistance authorities might be invited to make a contribution to the Insurance Committee to meet the cost of medical treatment of these people. It was understood that they were empowered to make payments by way of or in place of wages, which had the effect of keeping the unemployed within the four corners of the unemployment scheme. There was equally good reason for a contribution of this kind, as the proposal would relieve the authorities of their obligation to provide medical treatment to these people. In Germany, when the economic collapse took place, the local authorities were empowered to make payments to keep the German worker in insurance benefit.

4. There might be a combination of one or other of these methods.

After a lengthy discussion the Secretary of the Department promised to lay the suggestions of the deputation before the Minister, but indicated that there was great difficulty, as the Government had intimated some time ago that it was not prepared to assist. The discussion, however, showed that the Government might not be unwilling to modify its views when it realized that the distressed areas had already been hit in so many different ways that it was rather unfair to burden them with additional obligations. The deputation indicated that local committees were consulting with local members of Parliament, and that an endeavour would be made to show that this matter would require to be dealt with. It was realized that there was a danger that doctors and insured persons would not appreciate what this meant until after it came into effect, and that there would be an outcry when it was too late to take any effective action.

BOOKS ADDED TO THE LIBRARY

The following books were added to the Library of the British Medical Association during May, 1933:

Bailey, H.: Physical Signs in Clinical Surgery. Fourth edition. 1933.
Batty, R. J.: Enuresis or Bed-Wetting. 1933.
Benchetrit, A.: El Primer Centenar de Enfermos de Lepra Curados por el Dr. A. Benchetrit. 1933.
Boyd, M. F.: Preventive Medicine. Fourth edition. 1932.
Chadwick, M.: Psychological Effects of Menstruation. 1932.
Clephan, D. F., and Hill, H. M.: Elementary Handbook on Radium. 1933.
Coke, F.: Colds and Hay Fever. 1933.
Dental Board of the United Kingdom: Practical Points connected with Dental Mechanics. 1932.
Deutsch, H.: Psycho-Analysis of Neuroses. 1932.
Diabetic Diet with Recipes for Household Use. 1933.
Dobbert, G.: Soviet Economics. 1933.
Fontes, A.: L'Ultravirus Tuberculeux. 1932.
Goldberg, B.: Procedures in Tuberculosis Control. 1933.
Groves, E. W. Hey: Synopsis of Surgery. Tenth edition. 1933.
Hawk, P. B., and Bergeim, O.: Practical Physiological Chemistry. Tenth edition. 1931.
Hutchison, R., and Mottram, V. H.: Food and the Principles of Dietetics. Seventh edition. 1933.
Isidor, P.: Précis de Technique Histologique. 1932.
James, R. R.: Studies in the History of Ophthalmology in England Prior to the Year 1800. 1933.
Jarcho, J.: Pelvis in Obstetrics. 1933.
Joseph, E., and Perlmann, S.: Die Harnorgane im Röntgenbild. 1931.
Käfer, J. P.: Estudio del Liquido Cefalo-Raquideo en los Paraliticos Generales Malarizados. 1932.
Lewis, Sir T.: Clinical Disorders of the Heart Beat. Seventh edition. 1933.
Liek, E.: Krebsverbreitung, Krebsbekämpfung, Krebsverhütung. 1932.
Lindsay, L.: Short History of Dentistry. 1933.
Lynch, A.: Case Against Einstein. 1932.
Matas Birthday Volume. 1931.
Matheson, R.: Medical Entomology. 1932.
Miles, A., and Wilkie, D. P. D.: Operative Surgery. 1933.
Miller, H. C.: Psycho-Analysis and its Derivatives. 1933.
Money-Kyrle, R. E.: Development of the Sexual Impulses. 1932.
Newsholme, H. P.: Evolution and Redemption. 1933.
Piplani, S. L.: Tuberculosis of the Lungs. 1932.
Present Remedies Against the Plague (1603). Shakespeare Association Facsimiles No. 7. 1933.
Saidman, J., and Cohen, R.: Les Ondes Hertziennes Courtes en Thérapeutique. 1931.
Selzer, C. A.: Lateral Dominance and Visual Fusion. 1933.
Stephani, J., and Marchal, M.: Diagnostique Radiologique de la Tuberculose Pulmonaire au Début. 1932.
Stirling, J. D., and Blackwood, J. H.: Nutrition Properties of Milk in Relation to Pasteurization. 1933.
Thompson, C. J. S.: Compendium of the Pharmacopoeias. Seventh edition. 1933.
Wagoner, G., and Custer, R. P.: Handbook of Experimental Pathology. 1932.
White, P.: Diabetes in Childhood and Adolescence. 1933.
White, W. A.: Forty Years of Psychiatry. 1933.
Williams, L.: Minor Maladies. Sixth edition. 1933.
Wittels, F.: Set the Children Free. 1932.

Naval and Military Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Commander P. N. Button, O.B.E., to the *St. Angelo*, for Malta Dockyard.

Surgeon Lieutenant Commanders T. Madill, J. F. H. Gaussen, and M. Brown to be Surgeon Commanders.

C. V. Harries (for short service) and R. M. Bremner have entered as Surgeon Lieutenants, and are appointed to the *Victory*, for Haslar Hospital.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenants J. F. M. Milner to the *Victory*, for Haslar Hospital; E. R. G. Passe to the *Renown*.

Surgeon Sublieutenant H. R. Vickers to the *Champion*.

ROYAL ARMY MEDICAL CORPS

Major G. H. Stack, from half-pay list, retires on retired pay.

The appointment of Lieutenant J. B. Macfarlane is antedated to August 1st, 1931, under the provisions of Article 36, Royal Warrant for Pay and Promotion, 1931, but not to carry pay and allowances prior to January 26th, 1932.

Lieutenant H. T. Chiswell (temporary commission) to be Captain.

REGULAR ARMY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Lieut.-Col. E. T. Potts, C.M.G., D.S.O., having attained the age limit of liability to recall, ceases to belong to the Reserve of Officers.

ROYAL AIR FORCE MEDICAL SERVICE

Flight Lieutenant W. J. Cotter relinquishes his temporary commission on completion of duty.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Major A. M. Johnson, M.C., T.D., to be Lieutenant-Colonel.

Captain R. J. Bruce to be Major.

Lieutenants G. McLoughlin and H. W. Davies to be Captains.

Lieutenants A. Bowie and J. E. Foran resign their commissions.

To be Lieutenants: Lieutenants W. C. Barber (from 8th Battalion Lancashire Fusiliers), seniority May 6th, 1932; A. H. Charles (from 19th London Regiment); T. F. Briggs (late R.F.A., Special Reserve); R. Evans; and Second Lieutenant G. W. Molyneux (late Loyal Regiment).

Supernumerary for Service with O.T.C.—Lieutenant R. J. V. Pulvertaft resigns his commission; Second Lieutenant R. H. Foster, from General List, to be Lieutenant, supernumerary for service with University of London Contingent, Medical Unit, Senior Division, O.T.C.

VACANCIES

BIRMINGHAM CITY.—(1) C.O. at Selly Oak Hospital. (2) Junior M.O.'s at Dudley Road Hospital. Males.

BIRMINGHAM: MATERNITY HOSPITAL.—R.M.O. and Registrar.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—H.S.

BRIDGE OF WEIR: COLONY FOR EPILEPTICS.—A.R.M.O. (male).

BRISTOL EYE HOSPITAL.—Assistant R.H.S.

BROMPTON: HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—H.P. (three).

BURNLEY: VICTORIA HOSPITAL.—H.S. (male).

CENTRAL LONDON OPHTHALMIC HOSPITAL.—(1) Senior H.S. (2) J.H.S.

CHARING CROSS HOSPITAL.—(1) Hon. Clinical Assistant to Dermatological Dept. (2) H.P. (male).

CHEADLE ROYAL MENTAL HOSPITAL.—Clinical Assistant.

COVENTRY AND WARWICKSHIRE HOSPITAL.—R.C.O. (male).

DERBY: DERBYSHIRE HOSPITAL FOR SICK CHILDREN.—(1) R.H.S. (2) R.H.P. Females.

EAST HAM COUNTY BOROUGH.—M.O.H. and School M.O.

ECCLES AND PATRICROFT HOSPITAL, near Manchester.—H.S.

EDINBURGH: DEPARTMENT OF HEALTH FOR SCOTLAND.—Surgeon and Consultant for County of Zetland and Superintendent of Gilbert Bain Memorial Hospital, Lerwick.

EDINBURGH: ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—(1) Two Hon. R.H.S. (2) Three Hon. R.H.P.

FOLKESTONE: ROYAL VICTORIA HOSPITAL.—J.R.M.O. (male).

GLOUCESTER: GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION.—Two H.S. (males).

GOLDERS GREEN: MANOR HOUSE HOSPITAL.—J.H.S. (male, unmarried).

GREENWICH: DREADNOUGHT HOSPITAL.—H.P. (male).

HARROGATE AND DISTRICT GENERAL HOSPITAL.—Second R.M.O. (male).

HERTFORD COUNTY HOSPITAL.—H.S. (male).

HUDDERSFIELD ROYAL INFIRMARY.—H.S. (male).

HULL ROYAL INFIRMARY.—C.O. (male).

KING EDWARD VII HOSPITAL, Windsor.—Two H.S. (one for Casualty Department).

LEWISHAM: ST. JOHN'S HOSPITAL.—R.H.S. (male).

LIVERPOOL CITY.—Medical Superintendent (male) at Mill Road Infirmary.

LIVERPOOL HEART HOSPITAL.—Assistant P.

LONDON LOCK HOSPITAL AND HOME.—Hon. S.

MANCHESTER: CHRISTIE CANCER HOSPITAL AND HOLT RADIUM INSTITUTE.—Resident Surgical Officer.

MANCHESTER CITY.—A.M.O. (male, unmarried) at Withington Hospital and Institution.

MANCHESTER ROYAL INFIRMARY.—H.S. (female) at Central Branch.

MANSFIELD AND DISTRICT HOSPITAL.—H.S. (male).

MIDDLESBROUGH: NORTH ORMESBY HOSPITAL.—H.P. (male, unmarried).

NEWPORT, MON.: ROYAL GWENT HOSPITAL.—J.R.M.O. (male).

OXFORD: RADCLIFFE INFIRMARY AND COUNTY HOSPITAL.—(1) Hon. S. (2) Hon. S. to Ear, Nose, and Throat Department.

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY.—(1) H.S. (2) Special H.S. (Duties in Obstetric Department and Eye, Ear, Nose, and Throat Wards). (3) R.S.O. Males, unmarried.

ROYAL EYE HOSPITAL, Southwark S.E.—Hon. P.

ST. MARY'S HOSPITAL, W.—Surgical Registrar.

SHEFFIELD: CHILDREN'S HOSPITAL.—(1) H.P. (2) H.S. Males, unmarried.

SHEFFIELD: ROYAL INFIRMARY.—J.R.M.O.

SHREWSBURY: ROYAL SALOP INFIRMARY.—R.H.P. (male).

SOUTHPORT GENERAL INFIRMARY.—Senior H.S. (unmarried).

STOCKTON AND THORNABY HOSPITAL.—J.R.M.O. (male, unmarried).

STOKE-ON-TRENT: NORTH STAFFS ORTHOPAEDIC HOSPITAL.—H.S. (male).

WARRINGTON INFIRMARY AND DISPENSARY.—J.H.S. (male, unmarried).

WEST END HOSPITAL FOR NERVOUS DISEASES.—Hon. Assistant Ophthalmic S.

WIGAN: ROYAL INFIRMARY.—H.S. (male).

WILLESDEN GENERAL HOSPITAL.—Clinical Assistants in O.P. Department.

WOLVERHAMPTON AND MIDLAND COUNTIES EYE INFIRMARY.—H.S.

WORCESTER COUNTY AND CITY MENTAL HOSPITAL, Powick.—A.M.O. (male, unmarried).

WREXHAM AND EAST DENBIGHSHIRE WAR MEMORIAL HOSPITAL.—R.H.S.

CERTIFYING FACTORY SURGEONS.—The following vacant appointments are announced: Swaffham (Norfolk), Beccles (Suffolk), Twickenham (Middlesex). Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1, by July 11th.

This list is compiled from our advertisement columns, where full particulars are given. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning. Further unclassified vacancies will be found in the advertising pages.

APPOINTMENTS

CERTIFYING FACTORY SURGEONS.—W. E. L. Allen, M.B., C.M., for the Hawkshead District (Lancaster); G. Robson, M.B., Ch.B.Ed., for the Clayton-le-Moors District (Lancaster).

DIARY OF SOCIETIES AND LECTURES

ST. JOHN'S HOSPITAL DERMATOLOGICAL SOCIETY, 49, Leicester Square, W.C.—*Wed.*, 4.15 p.m., Meeting. 5 p.m., Pathological Demonstration, arranged by the President and assisted by Dr. I. Muende. Followed by Dinner at Kettner's Restaurant at 7 p.m.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At Kensington Town Hall, *Thurs.*, 8.30 p.m. Cavendish Lecture by Sir Peter Chalmers Mitchell, F.R.S.: The Diet of Animals. Followed by Conversazione and Medical and Surgical Exhibition.

POST-GRADUATE COURSES AND LECTURES

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.—*Medical Society of London*, Chandos Street, W.: Wed., 5 p.m., Lecture by Mr. Andrew McAllister, Some Features of Eclampsia. *Royal Free Hospital*, Gray's Inn Road: Fri., 5 p.m., Ante-natal Treatment. *National Hospital for Diseases of the Heart*, Westmoreland Street: Course in Cardiology (whole of each day). *Children's Clinic*, Cosway Street, Marylebone Road, N.W.: Post-Graduate Course in Children's Diseases, afternoons and some mornings. *Medical Society of London*, Chandos Street, W.: Mon., 8.30 p.m., Lecture on Modern Methods of Local and Spinal Anaesthesia, by Dr. Roland T. de Hellebranth of New Jersey, U.S.A. *West End Hospital for Nervous Diseases*, In-patient Department, Gloucester Gate, N.W.: Tues., 8.30 p.m., Demonstration, The Fundus Oculi, by Mr. R. Lindsay Rea (especially suitable for M.R.C.P. candidates). *Prince of Wales's Hospital*, Tottenham: General Post-Graduate Course in Medicine, Surgery, and the Specialties (whole of each day).

ST. MARK'S HOSPITAL FOR DISEASES OF THE RECTUM, City Road, E.C. *Thurs.*, 4.30 p.m., Dr. Cuthbert Dukes, Diseases Due to Intestinal Parasites.

SOUTH-WEST LONDON POST-GRADUATE ASSOCIATION, St. James's Hospital, Ouseley Road, S.W.—*Wed.*, 4 p.m., Dr. C. E. Lakin, Demonstration of Medical Cases.

WEST LONDON HOSPITAL POST-GRADUATE COLLEGE, Hammersmith Road, W.—*Mon.*, 10 a.m., Medical and Surgical Wards, Skin Clinic; 2 p.m., Eye and Gynaecolgical Clinics. *Tues.*, 10 a.m., Medical Wards; 11 a.m., Surgical Demonstration; 2 p.m., Throat, Nose, and Ear Clinic; 4.15 p.m., Lecture, Mr. Green-Armytage, The Acute Abdomen in Women. *Wed.*, 10 a.m., Medical and Children's Wards, Children's Clinic; 2 p.m., Eye Clinic; 3.45 p.m., Venereal Diseases. *Thurs.*, 10 a.m., Neurological and Gynaecological Clinics; 11.30 a.m., Fracture Demonstration; 2 p.m., Eye and Genito-Urinary Clinics; 4.15 p.m., Dr. Maurice Shaw, Diabetes. *Fri.*, 10 a.m., Skin Clinic; 12 noon, Lecture on Treatment; 2 p.m., Throat Clinic; 4.15 p.m., Dr. Owen, Tuberculous Meningitis. *Sat.*, 10 a.m., Medical and Surgical Wards, Children's Clinic. *Daily*, 2 p.m., Operations, Medical and Surgical Clinics. The lectures at 4.15 p.m. are open to all medical practitioners without fee.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: *Mon.* and *Thurs.*, 10.30 a.m. Maternity Hospital: *Mon.*, *Tues.*, *Wed.*, *Thurs.*, and *Fri.*, 11.30 a.m.

British Medical Association

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE
TAVISTOCK SQUARE, W.C.1

Departments

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate Westcent, London).
MEDICAL SECRETARY (Telegrams: Medisecra Westcent, London).
EDITOR, BRITISH MEDICAL JOURNAL (Telegrams: Aitiology Westcent, London).
Telephone number of British Medical Association and British Medical Journal, Euston 2111 (internal exchange, four lines).

SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)

IRISH MEDICAL SECRETARY: 18, Kildare Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 62580 Dublin.)

Diary of Central Meetings

JUNE

23 Fri. Science Committee, 2.0 p.m.

JULY

7 Fri. Consultants Board, 4.30 p.m.

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTHS

ANDERSON.—On June 4th, 1933, at Wilmar Lodge, Ewell, to Dorothy P. Anderson (née Hytch), M.R.C.S., L.R.C.P., wife of R. G. Anderson, M.D.Ed., D.P.M.Lond., of West Cottage, Horton, Epsom, a daughter.

JACOBS.—On June 14th, at 40, Framingham Road, Brooklands, Cheshire, to Dorothy, wife of Dr. Cyril Jacobs, a son.

NORMAN.—On June 19th, to Dr. and Mrs. R. P. Norman, at Inkberrow, Worcester, a son.

MARRIAGE

GAMBLE—O'CONNOR.—On June 12th, at St. James's Church, Spanish Place, London, Richard R. Gamble, M.B., B.Ch., of Stoke-on-Trent, to Anne A. O'Connor, M.B., B.Ch., D.P.H., of St. John's Wood, London.

DEATH

ALDRIDGE.—On June 15th, at Alton, Hants, Norman Elliott Aldridge, M.B., D.P.H., late of Southampton.

Printed and published by the British Medical Association, at their Office, Tavistock Square, in the Parish of St. Pancras, in the County of London.

SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL

LONDON: SATURDAY, MAY 13th, 1933

THE REGISTER

OF

BIO-PHYSICAL ASSISTANTS

OF

THE SOCIETY OF APOTHECARIES OF LONDON

The Representative Body of the British Medical Association, at its Annual Meeting in 1928, pointed out the need for the registration of competent and suitable lay persons to whom medical practitioners could with confidence send their patients for electrical treatment and actinotherapy. A small committee of experts was formed to draft general lines of procedure, and an arrangement was entered into with the Society of Apothecaries of London to institute a register of approved persons under the conditions prescribed. Regulations were drawn up and the first *Register of Bio-Physical Assistants* was printed and published in book form under the direction of the Society of Apothecaries. With the object of making the Register widely known and easily accessible to members of the medical profession at home and abroad, it was decided to publish, as a special *Supplement* to the *British Medical Journal*, the complete list of names on the roll of bio-physical assistants, revised to March 31st in each year. The entries in Part I are arranged in alphabetical order, with postal addresses; in Part II the names are regrouped geographically. Subject to the reservation in respect of blind masseurs and blind masseuses, those whose names appear in the general and local lists printed below have been approved by the Society of Apothecaries of London as persons "competent to dispense the direct current, ionization, faradic currents, sinusoidal currents, diathermy, high-frequency currents, light and heat, and ultra-violet light."

Explanation of Prefixes used in the Register—

* Chartered Masseur (or Masseuse).

† This member is a Blind Masseur (or Masseuse) and is qualified to undertake treatment in the following subjects only: Faradism, Galvanism, Sinusoidal Current, Radiant Heat, High Frequency (excluding Auto-condensation).

‡ This member is a Blind Masseur (or Masseuse) and is qualified to undertake treatment in the following subjects only: Faradism, Galvanism, Sinusoidal Current, Radiant Heat, High Frequency (excluding Auto-condensation), and Diathermy.

§ Member of the Society of Radiographers.

‖ Not in private practice.

¶ Dispensing Assistant, Society of Apothecaries.

° State Registered Nurse.

THE ROLL IN ALPHABETICAL ORDER

A

*Aberdein, Florence Mary, 25, Marlborough Road, Tue Brook, Liverpool.
*Ackerley, Irene Mary, 7, Sunderland Terrace, W.2.
*Ackermann, Brenda Jowett, 9, Rotherwick Road, Hampstead Garden Suburb, N.W.11.
Adams, Thomas William, Lessendene, Gaviots Way, Gerrards Cross, Bucks.
*Allan, Norah Margery, 27, Cranworth Street, Hillhead, Glasgow, W.2.
Allen, Douglas, 7, Belmont Avenue, Harrogate.
*Allen, Gwendoline, 15, The Waldrons, Croydon, Surrey.
*Almond, Violet Winifred Angele (Mrs.), 15, Pepys Road, Wimbledon, S.W.20.
*Almond, Winifred, 63, Broadhurst Gardens, Hampstead, N.W.6
*Anderson, Agnes Main Urie, 464, Kilmarnock Road, Newlands, Glasgow, S.3.
*Anderson, Ella Susan Alice, 129, St. George's Road, Pimlico, S.W.1.
*Anderson, Helena Margaret, 22, Park Crescent, Portland Place, W.1.
*Anderson, Margerie Bessie, Balmaha, Quarry Road West, Heswall, Cheshire.
*Andrew, Marion, 5, St. Ann's Avenue, Grimsby, Lincs.
*Ansell, Lydia Freeman, 4, Frognal, Hampstead, N.W.3.
*Anstey, Doris Elizabeth, 20, Richmond Hill, Clifton, Bristol.
*Apthorpe, Christine Beryl, 94, The Mount, York.
*Archer, Herbert John, 2186, Walker Avenue, New Westminster, British Columbia.
*Archer, James Meadows, 69, Leigh Road, Leigh-on-Sea, Essex.
*Archer, Jean Stevenson, Mapleton, Fortis Green, N.2.
*Armitage, Elsie Margaret, Cavendish Lodge, Devonshire Avenue, Beeston, near Nottingham.
*Ashby, Eliza Annie, 19, Scotland Road, Little Bowden, Market Harborough, Leicestershire.
*Ashmole, Gladys, The Pond House, Elm Hall Gardens, Wanstead, Essex.
*Ashton, Margaret, Oakfield, Mytholmroyd, Yorks.
*Ashwell, Jessie Ellen, 563, Reddings Lane, Hall Green, Birmingham.
*Askew, Harry Victor, 84, Village Way, Neasden, N.W.10.
*Astell, Marjorie Grace Dorlinda, 12, Crescent Road, Sidcup, Kent.
*Astley-Samuel, Elizabeth Muriel (Mrs.), 14, Picton Place, Swansea, Glam.
*Atcherley, Ethel Mary, Royal Mineral Water Hospital, Bath.
*Atkins, Margaret, Cartref, Tor Park Road, Torquay.
*Atkinson, Annie Ingeborg (Mrs.), 10, Talgarth Mansions, W.14.
*Austen, Margaret Joan, 1, Birch Tree Way, Addiscombe, Surrey.
*Ayre, Margaret Burgess, 46, Windermere Road, Coulsdon, Surrey.

B

*Back, Kathleen Mary Jeans, Lindum, Cliff Road, Roedean, Brighton, Sussex.
*Bagnall, Mildred, 8, St. Werburghs Road, Chorlton-cum-Hardy, Manchester.
*Baker, Violet Henrietta Florence, Court Downs Cottage, 7, Court Downs Road, Beckenham, Kent.
Balfour, Ada Robertson, Suite 5, Patrick Block, Yorkton, Saskatchewan, Canada.
*Ball, Frances Hope, 31, Bishops Road, Highgate, N.6.
Ball, John W., Manchester and Salford Hospital for Skin Diseases, Quay Street, Manchester.
*Ballance, Kathleen Ada Jessie Elizabeth, Haulfryn, Gresford, Denbighshire.
Balshaw, Jennie, 37, Meadowside, Lancaster.
*Baly, Alice Maud, 13, Riverside Road, Norwich, Norfolk.
*Bamford, Money Elsie Margaret, The Firs, Ightham, near Sevenoaks, Kent.
Bancks, Gerald, 122, Devonshire Road, Chorley, Lancashire.
Bancks, Mary (Mrs.), 122, Devonshire Road, Chorley, Lancashire.
*†Bangham, Mary Mytton, 25B, High Street, Wimbledon Common, S.W.19.
*Banks, Violet, Dunlewey, Seymour Road, Mannamead, Plymouth.
*Bannerman, Kathleen Mary Turing, 77, Ladbroke Grove, W.11.
*Barber, Caroline Thorold (Mrs.), 6, Arundel Street, Brighton, Sussex.
*Barnes, George Milford, Harley House, Park Road, Gloucester.
*Barnicoat, Kathleen Irene, 2, Cumberland Lodge, 67, Brockley View, S.E.23.
*Barrett, Una Christobel, Chantry Villa, Bishop's Stortford, Hertfordshire.
*‖Barrow, Kathleen Sara, 160, Artillery Mansions, Victoria Street, S.W.1.
*Barton, Margaret Muriel, Deanery Yard, 8, Church Street, Godalming, Surrey.
*Bascombe, Anita Marjorie, Green Hedges, Chipstead, Coulsdon, Surrey.
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Bate, Edith Marjorie, Lambeth Hospital, Kennington, S.E.11.
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*Bates, Kate, 3, Nottingham Road, Croydon, Surrey.
*Batson, Winifred Fanny, Old Bank House, Melksham, Wilts.
*Batt, Edith Marjorie, Marleen, 476, Warwick Road, Solihull, Birmingham.
*Battle, Ida, 63, Wilbury Road, Hove, Sussex.
*†Baxter, Edith Margaret, 36, Alpin Road, Dundee.
*Baxter, Lilian, North Staffs Royal Infirmary, Stoke-on-Trent, Staffordshire.
*Bayley, Margaret Joyce, Parklands, Okehampton, Devonshire.
*Beachell, Hilda Elizabeth, 22, Beverley Road, Driffield, Yorkshire.
Beale, Frank, 27, Beech Road, Harrogate.
*Beale, Vera Mary, 33, Southway, Hampstead Garden Suburb, N.W.11.
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*Beattie, Carline Marjory, Stone Court, Caterham, Surrey.
*Beaumont, Helen Cameron (Mrs.), 14, Atholl Crescent, Edinburgh, Scotland.
*Beckton, Norah Frances Maxwell, 27A, Cornwall Gardens, S.W.7.
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*Benjafield, Miriam G., Brambledene, Wymondham, Norfolk.
*†Bennett, Alfred, 264, London Road, Dover, Kent.
*Bennett, Edith Elsie, Withington Hospital, West Didsbury, Manchester.
*Bennett, Florence Edith, Fallowfield, Norfolk Road, Edgbaston, Birmingham.
*†Bentley, Harold, A.R.San.I., 74, Shakespeare Street, Nottingham.
*Bentley, Margaret Mary, Water House, Carshalton, Surrey.
*Bentley, Mollie Norwood, 36, Grimshaw Lane, Bollington, near Macclesfield, Cheshire.
*†Benton, Eric William, 26, Albert Road, Hale, Cheshire.
*Berliner, Evelyn Maud, 24, Acol Road, West Hampstead, N.W.6.
*Berry, Caroline Lawrence, 6, Castlemaine Avenue, Croydon, Surrey.
*Berry, Mary Anne, 231, Errwood Road, Levenshulme, Manchester.
*Berry, Winifred Blanche, Mid-Cheshire Orthopaedic Clinic, Northwich, Cheshire.
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Best, Joseph Oddy, Windsor House, Morley, Yorks, and 7, [illegible] Square, Leeds.
*Best, Mabel Kate, 97, Ermine Road, Lewisham, S.E.13.
*Bevan, Evelyn, 74, Queen's Court, Hampstead Way, Golders Green, N.W.11.
*Beven, Zöe Swan, c.o. Dr. Eric Swan, New Monsoon Lodge, Colpretty, Colombo, Ceylon.
*Beveridge, B. Gordon (Mrs.), 57, Queensborough Gardens, Glasgow, W.2, Scotland.
*Bevington, Florence de Horne, 6, Norland Square, W.11.
*Bickle, Winifred Joyce, 2, Apsley Road, Clifton, Bristol.
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*Blackie, Elizabeth Mary, 6, Palmerston Place, Edinburgh, Scotland.
*Blake, Agnes Patricia, 139, Marylebone Road, N.W.1.
*†Blenkarn, Gertrude, 16, Hexham Road, S.E.27.
*Blomfield, Mary Ella Beddow, Oakwood, 28, Farquhar Road, Upper Norwood, S.E.19.
*Blomley, Doris Gwendoline, Lordswood, Maybury Hill, Woking, Surrey.
*Blue, Martha Lindsay, 2, Crosslee Terrace, Thornliebank, near Glasgow.
*Blundy, Marion Grace, 47, Stafford Road, Sidcup, Kent.
Bocking, Cecil Loynes, 11, King Edward's Avenue, Chelmsford, Essex.
*Bodger, Dorothy Isabel, Studley, Warwickshire.
*Bostock, Sophie Theodora, Jaylands, Abberley, nr. Worcester
Boughton, George Frederick, 59, Elizabeth Street, Eaton Square, S.W.1.
Bowman, Arthur Joel, 8, Sheldon Road, Cricklewood, N.W.2.
*Boyd, Harriett Agnes, 23, Chepstow Place, W.2.
*Boyd, Margaret Elizabeth Fury, Drumcroon, Parson's Walk, Wigan, Lancashire.
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*Bradford, Albert James, 9, Birchwood Avenue, Muswell Hill, N.10.
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*Bradshaw, Emily, 1, Rock Cliffe, Dale Road, Buxton, Derbyshire

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*Broad, Betty Kathleen, West Rock, Shaw's Corner, Redhill, Surrey.
*Broad, Mary, South Corner, Duncton, Petworth, Sussex.
*Broadley, Kathleen Norah, 9, Earl's Terrace, Kensington, W.8.
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†Brown, Albert Arthur Henry, Holmwood, 15, Denmark Road, Reading, Berks.
*†Brown, Charles Frederick, 30, Banbury Road, Oxford.
*†Brown, George Archibald, 98, Gladstone Park Gardens, Cricklewood, N.W.2.
Brown, George Gray, 2, South Road, Hythe, Kent.
*Brown, Grace, 26, Huntly Gardens, Glasgow, W.2, Scotland.
*Brown, Helen Mitchell, Oakbank, Muirhead, Chryston, Glasgow.
*Brown, John, 39, High Street, Hythe, Kent.
*Brown, Katie Challen, 89, Beaconsfield Villas, Brighton, Sussex.
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*Browne, Winifred Mary, 1, Miles Road, Clifton, Bristol.
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Buckland, Frederick, Box 515, First Street, Salisbury, South Rhodesia.
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*Budgen, Muriel Elizabeth, Buxton, Cantelupe Road, East Grinstead.
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Burke, Richard Joseph, 49, Norfolk Street, Glossop, Derbyshire.
*Burkinshaw, Dora Frances, 2, Marlborough Buildings, Bath.
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*Caldwell, Eileen, Ancoats Hospital, Manchester.
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*Canvin, Gladys Hope, The Moorings, Frodsham, Cheshire.
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*Carey, Rose Carmel, 14, Merrion Square, Dublin, Ireland.
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*Cassie, Elizabeth Moorhead, Grasmere, Franklin Mount, Harrogate.
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Chambers, David, 285, Archway Road, Highgate, N.6.
*Chambers, Eve Patricia, 29, Cheriton Gardens, Folkestone, Kent.
*Chambers, Mildred, Estia, Highdown Road, Roehampton, S.W.15.
Chaplin, Elizabeth Matilda, 12, Stonefall Avenue, Starbeck, Harrogate.
*Chaplin, Ruth Joscelyne, Manor Chambers, Manor Square, Otley, Yorks.
*Chapman, Gladys May, Hartwell, Manor Estate, Hemel Hempstead, Herts.
*Chapman, Margaret Elinor, 45, Vernon Road, East Sheen, S.W.14.
*Chapman, Winifred Mary, 14, Grosvenor Hill, Wimbledon, S.W.19.
†Chapple, Douglas Boughton, Stewkley, Leighton Buzzard, Beds.
*Chard, James Norman, 47, Connaught Avenue, Mutley, Plymouth, Devonshire.
*Charters, Margaret Cameron, 29, Westbourne Road, Penarth, Glamorgan.
*‡Chater, Roma Violet, Encombe, 60, Mulgrave Road, Sutton, Surrey.
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*Christian, Isobel Mary, Lyss, Orchard Avenue, Parkstone, Dorset.
*Christofferson, Margareta Agnes Frémont, 8, Lansdown Place, Clifton, Bristol.
*Chuck, Margaret, 18, Falkner Square, Liverpool.
*Chuck, Sarah, 18, Falkner Square, Liverpool.
*Church, Jeannette, 3, Holly Mansions, Frant Road, Tunbridge Wells.
*Clabby, Sampel Thomson, H.M.S. *Queen Elizabeth*, c.o. G.P.O., London, E.C.
*Clachan, Janet Hay Hamilton, 24, Shrewsbury Road, Oxton, Birkenhead, Cheshire.
*Clark, Dorothy Martha, Waites Hotel, Duncombe Place, York.
*Clark, Gladys, Llanrhos, Queen's Park, Burnley, Lancashire.
*Clark, Lucy Neville, The General Hospital, West Bromwich, Staffordshire.
*Clarke, Margot Doreen, Nevin, Newton-le-Willows, Lancs.
*Claxton, Alice Maude, Mansard House, London Road, Chelmsford, Essex.
*Clay, Cote Boothme, 50, High Street, Marylebone, W.1.
*Claypole, Jessie Millicent, 46, Cowgate, Peterborough, Northants.
Clayton, Agnes Alice, 29, Torrs Road, Harrogate.
*Cleall, Frances Annie, 6B, High Street, Shrewsbury.
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Clemence-Nicholls, James, 15, Fleet Road, Hampstead, N.W.3.
*Clemerson, Grace Millicent, 4, Albert Promenade, Loughborough, Leicestershire.
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*Cluff, Elizabeth, Hylands, Goddington Lane, Orpington, Kent.
*Clunies-Ross, May Inin, c/o The Royal Bank of Scotland, 3, Bishopsgate, E.C.1.
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*†Coates, William Henry, B.A., 30, Banbury Road, Oxford.
*Cockroft, Frank, The Crescent, 119, Drake Street, Rochdale, Lancashire.
*†Cohen, Arone Jgelnic, Ingleside, Vicarage Road, Cromer, Norfolk.
*Cole, Iris Maude, The Dingle, Prescot Road, Aughton, Ormeskirk, Lancs.
*†Colley, John McLean, 14, Cardiff Grove, Luton, Bedfordshire.
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°Constable, Winifred, 94, Goldhurst Terrace, Hampstead, N.W.6.
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*†Cook, R. Harry, 5, Cambridge Road, Wallasey, Cheshire.
*†Cooke, Judith Barkley, 19, Leigh Road, Southampton.
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*Corney, Evelyn Frances, 6, Salisbury Street, Warrington, Lancashire.
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*Coulson, Marjorie Mary, 52, Bryanston Street, Marble Arch, W.1.
*Cowan, Roberta Elizabeth, 17, Clarendon Road, Grassendale, Liverpool.
*Cowdell, Elinor Florence, 20, Park Crescent, Portland Place, W.1.
*Cowell, Myrtle Vaughan (Mrs.), 30B, Wimpole Street, W.1.
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*Cox, Eileen Lissant, 9, College Street, Nottingham.
*Cox, Edith Sarah, 56, Seaward Avenue, Bournemouth East.
*†Cox, George Stevenson, 11, Glade Street, Bolton, Lancashire.
*Cox, Vera Gwendoline Jessie, 129, Millbrook Road, Southampton.
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*†Cranfield, Kate Mary (Mrs.), c.o. Adele, 18, Henty Road, Worthing, Sussex.
*Crawford, Vida, Inver Lodge, Larne, Northern Ireland.
*Cree, Alice Mary, 21, St. George's Court, Gloucester Road, S.W.7.
*Creswell, Daisy May, Cresden, 86, Norbury Hill, S.W.16.
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*Croker, Alice Muriel Agnes, 145, Banbury Road, Oxford.
Croot, Beatrice Maria, Rugby House, Southgate, Chichester, Sussex.
*Cross, Norah Henderson, 55, Beaumont Street, W.1.
*Crossley, Margaret, "Westhoe," Normanby Road, South Bank, Yorks.
*Crosthwaite, Betty Eleanor Raigersfeld, Metham, Disley, Cheshire.
*Crowe, Ellen Mary, 8, Hill Drive, Kingsbury, N.W.9.
*†Crowe, Fitzwilliam Hume, 5, Rusthall Avenue, Bedford Park, W.4.
*†Crowley, Elizabeth, Ellerdene, Ellerthwaite Road, Windermere, Westmorland.
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*Culloty, Timothy, 27, Chatham Avenue, N.1.
*Culross, Jean, Roseneath, Newton Abbot, South Devon.
*Cumber, Marjorie Charlotte Emma, c.o. Mrs. A. C. B. Harrison, Flint Fields, Royal Air Force Station, Kenley, Surrey.
*Cummins, Teresa Oliver, St. Gerard's Hospital, Coleshill, Birmingham.
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D

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*Davidson, Isabel Dalrymple, 28, Lancaster Gate Terrace, W.2.
*Davie, Jean Paterson, 514, Dialstone Lane, Stockport, Cheshire.
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*Day, Vera Adelaide, Waiwera, 69, Victoria Drive, Eastbourne, Sussex.
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Deacon, Walter, 4, King Square, Bridgwater, Somerset.
*Deakin, John Griffin, 14, Alexandra Road, Swansea.
*Dean, Gladys Catherine, Grove Park Hospital, S.E.12.
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*Dennison, Janet Dorothy, Wenning, Blanford Road, Reigate, Surrey.
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*Dilworth, Margaret Esther, St. Clement's House, Bolsover Street, W.1.
*Dinham, Annette Mary (Mrs.), 16, St. Mary Abbots Terrace, W.8.
*Dixon, Elizabeth Barbara, Wonham, South Godstone, Surrey.
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*Doudney, Laura Beatrice, 30, de Montfort Street, Leicester.
*Dowden, Doris Mary, Sunnyside, Birkenhead Road, Hoylake, Cheshire.
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*Drakeford, Editha Phyllis, 69, St. Gabriel's Road, N.W.2.
*Drummond, Henry Peters, Fairfax House, 117, Cromwell Road, S.W.7.
*†Drummond, Thomas Patrick, 97, Jeffcoat Street, North Adelaide, South Australia.
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*Dunnett, Hilda Agnes Fanny, Adastral House, Hartley Wintney, nr. Basingstoke.
Dunphie, George Simpson, Kirkcaldy Hospital, Kirkcaldy, Fifeshire.
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*Durston, Dorothy Sybil, Royal National Orthopaedic Hospital, 234, Great Portland Street, W.1.
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E

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*Edwards, Grace Emily Geraldine, East Suffolk Hospital, Ipswich, Suffolk.
*Edwards, James Henry, 12, Craigerne Road, Blackheath, S.E.3.
*Eley, Millicent, Loiterton, Cobden Hill, Radlett, Hertfordshire.
*Ellis, Marion Margaret (Mrs.), 10, Albert Terrace, Morningside, Edinburgh, Scotland.
*Elphick, Ada Muriel, 18, The Avenue, Bickley, nr. Bromley, Kent.
*Elvery, Eileen, Inniskeel, Bray, Co. Wicklow.
*Emerson, Alice Kathleen, Enderly, Knock, Belfast, Northern Ireland.
*Emery, Jocelyn Mary Scudamore, 7, Poole Rd., Bournemouth W.
*Engledue, Kathleen Penelope, Kelvin Chambers, 16, The Terrace, Wellington, New Zealand.
*Eustace, Eileen Mary, Freemason's Hospital, Fulham Road, S.W.3.
*Evans, Gertrude, 36, The Common, Woolwich, S.E.18.
*Evans, Juggie Elizabeth, 12, Francis Street, W.C.1.
*Evans, Joyce Nisbet, Holy Trinity Vicarage, Southall, Middlesex.
*Everard, Dorothy Elizabeth, Barton Segrave, Kettering, Northants.
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*Eyles, Charles Victor, 30, St. Andrew's Road, Gosport, Hants.
*Eyre, Joan Rosalind, Redgarth, Buxton, Derbyshire.

F

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*Fagan, Josephine Mia, 2, Marloes Road, Kensington, W.8.
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*Farrington, Rose Maggie, 47, Southgate Street, Winchester, Hampshire.
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*Sylvester, Lilian Joan, 34, York Street, Twickenham, Middlesex.

T

*Tabberer, Naomi (Mrs.), 13, Inverness Terrace, Hyde Park, W.2.
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*†Taplin, William Charles, 112, Redland Road, Redland, Bristol.
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*Taylor, Caroline Margaret, 27, Netherlands Bank Chambers, Port Elizabeth, South Africa.
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Taylor, Meryl Owen, 12, East Circus Street, Nottingham.
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Thomas, Reginald Charles, Bristol Royal Hospital, St. Michael's Hill, Bristol.
*Thompson, Constance (Mrs.), Birken Brae, Grant Street, Elgin, Morayshire.
*Thompson, Phyllis Eileen (Mrs.), Gateways, 281, Sheen Lane, East Sheen, S.W.14.
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*Tindal, Mary Elizabeth, 92, Boileau Road, North Ealing, W.5.
°†Toft, Edmund, 3, Chandos Street, Cavendish Square, W.1.
*Tonks, Annetta, Metropolitan Hospital, Kingsland Road, E.8.
*Townsend, Grace, 26, Redcliffe Gardens, S.W.10
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*Treherne, Elsie May, Bootle General Hospital, Derby Road, Bootle.
*†Trethewey, Percy King, Westwood, 71, Abbey Road, Torquay, Devonshire.
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*Tucker, Irene Helen, 27, Colville Square, W.11.
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*Turner, Monica Beatrice, 7, Central Beach, Lytham, Lancashire.
°§Tyler, Sydney Marjorie, The Cancer Hospital, Fulham Road, S.W.3.

U

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*Upton, Olive Emily, 32, Woodville Road, Ealing, W.5.

V

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W

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*Walsh, Muriel, 2, Queen's Gate Terrace, S.W.7.
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*Warton, Edith Ada (travelling).
*Waterfield, Eleanor Patricia, The Deanery, Hereford.
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*White, Frances Hilda, c.o. Massage Department, Queen Mary's Hospital, Roehampton, S.W.15.
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*White, Marjorie Frances Beatrice, The Rectory, Jedburgh, Roxburghshire.
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*Wilkinson, Hylda Mary, Massage and Electrical Department, County Hospital, York.
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Williams, William, 4, Ropergate End, Pontefract, Yorks.
*Willings, Mabel Christina, Orthopaedic Department, General Hospital, Darlington, Co. Durham.
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*Wilson, Effie Rhoda, South Lodge, Roker, Sunderland, Co. Durham.
*Wilson, Eileen Rosalie, Hounslow Hospital, Staines Road, Hounslow, Middlesex.
*Wilson, Frances Gurney, Elsdon, Alexandra Road, Headington, Oxford.
Wilson, George Atkinson, Covercroft House, Droitwich Spa, Worcs.
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*Wilson, John, 78, Broadhurst Gardens, Finchley Road, N.W.6.
*Wilson, Olivia (Mrs.), Heathfield, 85, Baring Road, Lee, S.E.12.
*Winckworth, Elizabeth Marcia Clementi, 16, Portinscale Road, East Putney, S.W.15.
*Winder, Helen Mary, Woodcroft, Bramhall, Cheshire.
*Wing, Gwendolen Tindall, Glenburn, Worcester Road, Sutton, Surrey.
*Wingrave, Etheldreda Marian Wyatt, 41A, Harrington Road, South Kensington, S.W.7.
*Wingrave, Joan, Wythenshaw, Castle Road, Weybridge, Surrey.
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*Wintle, Eva Ada, National Hospital, Queen Square, W.C.1.
*Witt, Helen Augusta, 84, Palace Court, W.2.
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*Wood, Mary, Woodhouse, Boars Hill, Oxford.
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Worrad, Walter, Oldham Royal Infirmary, Oldham, Lancashire.
*Worsfold, Doris Christobel, Royal Infirmary, Manchester.
*Wotzel, May, 15, The Crescent, Belmont, near Sutton, Surrey.
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*Young, Margaret Dickson, 3, Dick Place, Edinburgh, Scotland.
*Youngman, Ethel Miller, Norfolk and Norwich Hospital, Norwich, Norfolk.

THE ROLL IN GEOGRAPHICAL ORDER

LONDON

E.

Garratt, H. E.
Gorbold, C. L. (Mrs.)
Johnstone, G. D.
Myers, D.
Plant, M.
Stratton, A. H.
Taylor, K. F.
Thorn, E. R.
Tonks, A.

E.C.

Clabby, S. T.
Clunies-Ross, M. I.
Neil, I. E. G.

N.

Archer, J. S.
Ball, F. H.
Bradford, A. J.
Brooks, B. M.
Chambers, D.
Clippingdale, E. L.
Culloty, T.
Davey, B. M. (Mrs.).
Garside, J. W.
Grugeon, M.
Gunnell, S. E.
Harrison, M. G.
Hazlett-Brett, F.
Hess, P. J.
Holloway, P. M.
Hopgood, E. (Mrs.).
Jones, A. K.
Kerry, P. C. C.
Massey, E. M.
Prior, L. M.
Pugh, H.
Ratcliff, V. A.
Reid, G.
Smith, D. M.
Smith, T.
Sochon, E. C. H. (Mrs.).
Spencer-Payne, M. D. (Mrs.).
Stempel, J. T. C.
Teasdale, B.
Wicks, M. F.
Wilson, H. L.
Woodhouse, M. A.

N.W.

Ackermann, B. J.
Almond, W.
Ansell, L. F.
Askew, H. V.
Beale, V. M.
Berliner, E. M.
Bevan, E.
Blake, A. P.
Bowman, A. J.
Brown, G. A.
Bullock, A. (Mrs.).
Caulfield, S. E.
Clemence-Nicholls, J.
Constable, W.
Crowe, E. M.
Davis, J.
Drakeford, E. P.
Filmer, H.
France, W.
Gawthorn, F. L. (Mrs.).
Gibbs, F. C.
Gibbs, H. F.
Grant, M. E. W.
Grennell, E. M.
Hendry, G.
Hickson, R.
Hutcheon, S. S.
Kelly, M. G.
Kirby, W. J.
Krohn, W.
Laughton, E. M.
Linton, L. M.
McAllister, W. M.
McConnell, J. K.
Nickels, G. D.
Penfold, C. H. (Mrs.).
Richards, E. D.
Richards, M.
Snow, C. M.
Squire, N. M.
Taylor, G. M.
Walker, V. M.
Whitehorn, G. S.
Whittingham, B. E.
Wilson, J.
Woolfson, A. H.
Yorke, W. J. (Mrs.).
Young, E. S. M. (Mrs.).

S.E.

Barnicoat, K. I.
Bate, E. M.
Best, M. K.
Birrell, A.
Blenkarn, G.
Blomfield, M. E. B.
Butler, A.
Campling, M.
Cleary, P. J.
Dainton, C. E. (Mrs.).
Davies, M.
Dean, G. C.
D'Oyley-Watkins, L.
Edwards, J. H.
Evans, G.
Garnar, J. E. (Mrs.).
Gedge, C. E.
Gotts, E. M.
Henderson, J. W.
Hide, E. M.
Holdway, V.
Holmes, E.
Hudson, E.
Jackson, D. G.
Jenner, H. L.
Johnson, D. W.
Laing, J. N.
Leary, A. T.
Linney, I. B.
Looker, K.
Mackey, S. C.
Mason, M. E.
Molyneux, M. E.
Nethery, D. E.
Permain, M. K.
Pooley, H. H.
Robinson, M. E.
Robinson, S. M.
Robson, C. H.
Rose, H. M.
Ross, E. H.
Ross, E. O.
Seager, E. E.
Sears, H. P. N.
Slater, D. E.
Stokes, E. G.
Weber, P. M.
Williams, B. C.
Wilson, O. (Mrs.).

S.W.

Almond, V. W. A. (Mrs.).
Anderson, E. S. A.
Bangham, M. M.
Barrow, K. S.
Beckton, N. F. M.
Boughton, G. F.
Bridge, V. M. C.
Burnell, W. D. A.
Chambers, M.
Chapman, M. E.
Chapman, W. M.
Craddock, R. E. A.
Cree, A. M.
Creswell, D. M.
Daniel, M. G. M.
Day, E. E.
Drummond, H. P.
Edgecombe, J. M.
Eustace, E. M.
Foster, E.
Foster, S. E.
Gardner, J. (Mrs.).
Garnett, M.
Going, E. M.
Gray, W.
Hallam, C. L.
Hampton, J. W.
Hanson, H.
Henry, K. M.
Hornsby, E. M.
Ingram, W.
Ison, C. C.
Jones, S. M.
Kerr, N.
Lewis, F.
Lockie, I. S.
McCrone, D. F.
Moody, M.
O'Dowd, A. M. B.
Owen, I. M.
Patterson, M.
Phillpot, V. C.
Pollock, M. E.
Price, C. M.
Purser, H. N.
Reid, J.
Reilly, S. C.
Robinson, H. R.
Ross, J.
Rudd, I. F.
Scarf, E. J. K.
Scarf, M. S. K.
Scott, W. T.
Smith, E.
Smith, I. M.
Smith, O. F. G. (Mrs.).
Smith, V. C.
Thompson, P. E. (Mrs.).
Thyne, J. S. (Mrs.).
Townsend, G.
Trumper, E. C.
Tyler, S. M.
Walsh, A.
Walsh, M.
Webster, M. A.
White, F. H.
White, P. L. B.
Winckworth, E. M. C.
Wingrave, E. M. W.
Wyatt, D. M.

W.

Ackerley, I. M.
Anderson, H. M.
Atkinson, A. I. (Mrs.).
Bannerman, K. M. T.
Beare, B. J.
Bevington, F. de H.
Boyd, H. A.
Bristow, G. E.
Broadley, K. N.
Cannon, S. H.
Clay, C. B.
Coulson, M. M.
Cowdell, E. F.
Cowell, M. V. (Mrs.).
Cross, N. H.
Crowe, F. H.
Curd, R.
Davidson, I. D.
Deacon, R. J.
Dilworth, M. E.
Dinham, A. M. (Mrs.).
Dolman, M. M.
Durston, D. S.
Fagan, J. M.
Firth, E. G.
Francis, L.
Gaskell, G. M. H.
Gilroy, D. M.
Goodman, A. C. (Mrs.).
Grave, E. M.
Grice, J. B.
Groves, E. M. H.
Hawke, I. M. M.
Hooper, D. L.
Howgrave, W. M. K.
Joly, C. C.
Julian, A.
Keane, J. A.
Knowles, O. A.
Langley, M.
Le Quesne, R. M.
McPherson, M. M.
Meikle, J. C. I.
Moore, N. N.
Moore, W. G.
Morris, M. E.
Mowles, J. W.
Nimmo, D. P. G.
Osborne, H. E.
Philp, C. V.
Pratt, G. U.
Price, S. E.
Ramsey, J. P.
Ridgway, G. W.
Romero, M. T.
Rooff, E. M.
Sinclair, I. M.
Smith, M. C.
Stamper, A. F.
Stevenson, W. N.
Tabberer, N. (Mrs.).
Tindal, M. E.
Toft, E.
Tucker, I. H.
Upton, O. E.
Vincent, E. R.
Whitfield, H. M.
Wicksteed, J. H.
Witt, H. A.
Wright, K. M. A.

W.C.

Evans, J. E.
French, H. M.
Layng, A. C.
Lock, M. W.
Peache, P. C.
Roquette, A. M.
Rust, I. S.
Shaw, E. M.
Tuck, E. S. L.
Winn, C.
Wintle, E. A.
Young, H. B.

PROVINCES

ADDISCOMBE

Austen, M. I.
Mellor, J. H.

ALDERSHOT

Perkins, M. F.

ALDRIDGE

Lawrence, N.

ALNWICK

Patterson, M. E.

ALTRINCHAM

Haworth, A. J.
Rowden, G. M.

ANDOVER

Rew, G.

ASCOT

Robbens, W. E.

ASHFORD, KENT

Owtram, M. H.

ASHTON-UNDER-LYNE

Sharpley, T. L.

AUGHTON

Cole, I. M.

BARNET

Moir, E. G. C.

BARNSTAPLE

Matthews, L.

BARROW-IN-FURNESS

Collinge, M.
Whitton, E. (Mrs.).

BARTON-ON-SEA

Martin, M. M. T.

BASINGSTOKE

Dunnett, H. A. F.

BATH

Atcherley, E. M.
Burkinshaw, D. F.
Harris, N. E. M.
Hughes, E.
Robinson, D. M.
Whitehead, A. R.

BECKENHAM

Baker, V. H. F.
Bulman, C. R.
Davy, M.
Sky, W.
Stilwell, J. (Mrs.).

BEDFORD

Chabot, I.

BEXHILL-ON-SEA

Exley, J. E.
Rattray, L.

BICKLEY

Elphick, A. M.

BIDEFORD

Robinson, J. E. B.

BINGLEY

Cudworth, R.

BIRKENHEAD

Briggs, M. T.
Clachan, J. H. H.
Collinson, S. M.
Legh-Smith, F. M.
McAllister, R.
Stewart, E. M.
Wallis, M. G.

BIRMINGHAM

Ashwell, J. E.
Batt, E. M.
Bennett, F. E.
Best, F. P.
Butler, D. E.

Cherry, D. E.
Cummins, T. O.
Fletcher, E. M.
Gould, R. B.
Halford, A.
Howell, E. G.
Jameson, C.
Jameson, M. G. M.
Keane, M. D.
Latham, E. C. (Mrs.).
Littlewood, C. M.
Lund, M. H.
McCall, M. McL.
Nock, C. C. G.
Peace, M. M.
Rice, D. J. S.
Ryecart, M. C. N.
Smith, F. R.
Warden, F. H.

BISHOP'S STORTFORD

Barrett, U. C.
Frere, U. L.

BLACKBURN

Bishop, H.
Connor, C.
Nield, G. A. M. (Mrs.).
Smith, E. M.

BLACKPOOL

Butterworth, A.

BLETCHLEY

Peto, E. M.

BOLTON

Coakham, F. D.
Cox, G. S.
Kernick, D. R. (Mrs.).
Lowe, P. M.
Vickers, H.

BOOTLE, LANCASHIRE

Rickman, L. E.
Thornton, E. M.
Treherne, E. M.

BOURNEMOUTH

Cox, E. S.
Croft, E.
Emery, J. M. S.
Fawcett, C. J. R.
Hall, M. A.
Hobday, M. A.
Messenger, M. H.
O'Donoghue, D.
Pettit, E. F.
Pickersgill, F.

BRADFORD

Ferrand, H.

BRAINTREE

Thomson, T.

BRAMHALL

Winder, H. M.

BRENT, DEVON

Lees, S. F.

BRENTWOOD

Johnson, D. L. (Mrs.).

BRIDGWATER

Deacon, W.
Gye, F. E.

BRIGHOUSE

Sanderson, G.

BRIGHTON

Back, K. M. J.
Barber, C. T. (Mrs.).
Brown, K. C.
Cadman, G.
Cormack, M. R.
Dennis, C. F.
Goldsmith, E. J.
Hamilton, M. K.
Kennard, H.
Lovell, E. M.
Mead, G. E.
Pond, E. M.
Ward, K. M.

BRISTOL

Anstey, D. E.
Bickle, W. J.
Browne, W. M.
Christofferson, M. A. F.
Daunt, J. O'N.
Davis, A. E.
Hawkes, M. A.
Jay, G. de L.
Jenkins, D. M.
Paul, V. J.
Pratt, D. L.
Robertson, C. V.
Rowsell, E. G.
Scott, A. J.
Smith, V. C. V.
Smith, W. C.
Spackman, M. H.
Tanner, A. E. R.
Taplin, W. C.
Thomas, R. C.
Tracey, M. A.
Whitton, K. E. B.

BROMLEY, KENT

Brookes, D.
Harris, E. M.
Sharpe, M. U.

BUNGAY

Burgess, M.

BURNLEY

Byford, H.
Clark, G.
Hartley, A.
Ibbotson, A. C.

BURTON

King, M. W.

BURTON-ON-TRENT

Stuttard, M.

BURY, LANCASHIRE

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Printed and published by the British Medical Association, at their Office, Tavistock Square, in the Parish of St. Pancras, in the County of London.